The Wellness Outreach at Work Program:

A Step-by-Step Guide

Office of Minority Health
Resource Center
PO Box 37337
Washington, DC 20013-7337

MH95D2477

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National Heart, Lung, and Blood Institute

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John C. Erfurt
Andrea Foote
Max A. Heirich
Bruce M. Brock

National Institutes of Health
National Heart, Lung, and Blood Institute
NIH Publication No. 95-3043

In Appreciation

John C. "Jack" Erfurt died suddenly on September 9, 1992, after a 12-year battle with heart disease. Jack's accomplishments were recognized by many colleagues in the employee assistance, worksite wellness, and preventive health care fields. This manual is the culmination of some of his work. The National Heart, Lung, and Blood Institute appreciates the contribution he has made to the cardiovascular health of our Nation's employees. He is missed by all those who are active in the workplace wellness community.

Authors

John C. Erfurt, A.B.*
Associate Research Scientist
Co-Director, Worker Health Program
Institute of Labor and Industrial Relations
University of Michigan
Ann Arbor, Michigan

Max A. Heirich, Ph.D.
Associate Professor
Department of Sociology
Associate Research Scientist
Institute of Labor and Industrial Relations
University of Michigan
Ann Arbor, Michigan

Andrea Foote, Ph.D.
Associate Research Scientist
Co-Director, Worker Health Program
Institute of Labor and Industrial Relations
University of Michigan
Ann Arbor, Michigan

Bruce M. Brock, Ph.D., M.P.H.
President
Information Transfer Systems
Ann Arbor, Michigan

*Deceased

Publication of this manual does not indicate endorsement of the policies, programs, principles, or resources of the Wellness Outreach at Work Program by the National Heart, Lung, and Blood Institute.

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The Wellness Outreach at Work Program

About This Manual

This manual describes the principles and procedures the Wellness Outreach at Work Program uses to reduce cardiovascular health risks. It also includes materials the Wellness Outreach at Work Program uses and lists the program's other resources. Most of the how-to-do-it information here has been derived from experimental research at the University of Michigan's Institute of Labor and Industrial Relations, much of it funded by the National Heart, Lung, and Blood Institute. Information in this manual is also based on other workplace-related research, as well as the observations and experience of the authors. The health promotion principles, strategies, and procedures are effective with blue-collar as well as white-collar workers.

The National Heart, Lung, and Blood Institute has prepared this manual to help other workplace wellness professionals implement the principles and procedures of the Wellness Outreach at Work Program. The manual is for anyone—occupational health professionals, personnel administrators, employee benefits personnel, and union officials—who wants to set up a worksite wellness program or who is interested in the health of employees. This manual is also for people in public health agencies, hospitals, independent wellness services, or other organizations who provide health promotion services to worksites.

This manual includes examples of some of the actual protocols, materials, and forms that were used while researching the program. These protocols and materials were developed by various organizations and companies associated with the Wellness Outreach at Work Program. Materials from these organizations are listed and described in appendix A. However, each worksite may need to adapt these protocols, materials, and forms to make them consistent with their own worksite policies, procedures, and legal counsel.

More important than materials, however, is the philosophy that drives this program. This philosophy can be applied with a variety of materials. The process of delivering the program is more critical to reducing health risks than the specific materials used.

What Is the Program?

Wellness Outreach at Work was developed by the Worker Health Program, a research unit of the Institute of Labor and Industrial Relations at the University of Michigan. The program offers comprehensive risk reduction services to all employees at a workplace. It encompasses screening for cardiovascular risks, referral for medical treatment, followup counseling, and health improvement programs. It also suggests ways to organize the worksite to create an environment that supports risk reduction and health improvement. The Wellness Outreach at Work Program has been implemented in more than 100 worksites and has reached more than 75,000 employees in organizations ranging in size from 5 employees to 6,000 employees, both blue collar and white collar.

Research has been conducted at Ford Motor Company, General Motors Corporation, the U.S. Postal Service, the Detroit Department of Sanitation, various United Auto Workers local unions, and departments within the University of Michigan. The program has also been tested in school systems, gas stations, and airplane servicing facilities. Research has demonstrated that the Wellness Outreach at Work Program achieves excellent results in virtually any organization, large or small, and with employees in all job categories. What's more, it does this at a reasonable cost: about $100 per employee each year.

Box A

The Wellness Outreach at Work Program Gets Results

Health Risk	Results After 3 Years
High blood pressure	50% of workers with high blood pressure had it under control.
High cholesterol	55% of those with high cholesterol reduced it by 20 mg/dL or more within 1 year of screening.
20% overweight	28% of those overweight lost at least 10 lb and kept it off.
Cigarette smoking	25% of the smokers quit and did not relapse; 92% of the ex-smokers did not relapse.
Lack of exercise	50% of all workers exercised at least three times a week.
Stress	30% of all workers made changes in their lives to reduce stress.

Overall, 56 percent of the following risks can be reduced and controlled within 3 years: high blood pressure, being overweight by 20 percent or more, and being a smoker or ex-smoker.[1]

Why the Program Works

The Wellness Outreach at Work Program is effective because of specially developed strategies for screening, followup, counseling, and worksite-wide health promotion. Figure 1 provides a general overview of these strategies, which are also described in detail in the following chapters. These strategies rest on the five general principles described below.

1. The Program Reaches Out to Both Blue-Collar and White-Collar Employees

A philosophy of reaching out to everyone drives the wellness outreach program. It reaches employees where they are—on assembly lines, in workshops, or in offices—and at convenient times. Guidelines for staffing the wellness program, planning it, and carrying out the screening and followup steps all emphasize adapting the program to the people involved and the environment in which they work. Success in reaching both blue-collar and white-collar workers is a distinguishing characteristic of the Wellness Outreach at Work Program.

2. The Program Is Comprehensive

Above all, the Wellness Outreach at Work Program was built to be comprehensive. It:

- Involves *all employees.*
- Deals with *all major cardiovascular risks* (high blood pressure, high blood cholesterol, cigarette smoking, physical inactivity, and obesity).
- Gives *choices.*
- Targets both the *employees and the worksite environment.*
- Provides *periodic evaluation* of its results.

Studies have shown low levels of participation when programs offer only one or two wellness interventions.[2-8] There is also evidence that comprehensive programs and those that provide long-term support do a better job than short-term, one-shot programs in controlling high blood pressure,[2,9-13] losing weight, reducing cholesterol levels,[11,14] stopping smoking and preventing relapse,[2,10,11,15] increasing exercise and fitness levels,[10,11,16,17] and handling stress and improving worker morale.[10,18] The Wellness Outreach at Work Program can also address other noncardiovascular issues, such as driver safety or cancer screening.

Even though the program is comprehensive, it can be successfully implemented in small worksites as well as large. Small businesses will find ideas for starting small and building into a comprehensive program over time in the next chapter. Look for the box titled, "Starting in a Small Way." Remember, the Wellness Outreach at Work Program has important applications for all worksites, no matter what their size.

3. The Program Emphasizes Followup

The Wellness Outreach at Work Program includes a systematic method of following up on all employees with cardiovascular risks. It provides for seven waves of followup—a sequence of actions counselors can take to contact employees and offer support and help with making healthy lifestyle changes. These include persistent and numerous mailings, telephone calls, and personal contacts. When followup is withdrawn, people tend to revert to their former risky behaviors.

4. The Program Is Persistent

The Wellness Outreach at Work Program is both mandatory and voluntary. It is mandatory in the sense that services must be offered to every employee and they must be offered repeatedly. Employees must have many opportunities to participate. At the same time, participation by the employee is totally voluntary. The employee's decision is respected.

The coupling of mandatory offers with voluntary participation produces friendly and persistent inducement without coercion. Company policy should protect the right of employees to refuse screening or subsequent program services. Procedures should ensure that no negative sanctions are applied to employees who choose not to participate or follow through. All employees maintain the right to refuse or withdraw from the program.

The program is well accepted by most employees, who are often pleasantly surprised that the company is so interested in their health.

5. The Program Offers Long-Term Support

Support for individual employees is offered in the months immediately following screening and continues as long as they are employed at the worksite. Long-term changes in the corporate environment, such as the introduction of low-fat cafeteria options, also help employees sustain changes in their health behavior.

Key Components of the Program

The Wellness Outreach at Work Program consists of three main components: planning, implementation, and evaluation. **Planning** involves appointing a wellness committee and hiring wellness professionals, setting goals, promoting the program, and establishing procedures to ensure confidentiality. **Implementation** consists of five major tasks: 1. screening and referral, 2. followup and counseling of employees, 3. followup with physicians,

Figure 1
Wellness Outreach at Work Program: What Works and What Doesn't

The Task	What Works	What Doesn't Work
1. **Assessing Employees' Health Needs**	In-person, one-to-one wellness screening. Measuring blood pressure and cholesterol. Asking for health risk information regarding smoking, weight, exercise, etc. Surveying employees about their interest in wellness programs. See task 1.	Self-administered health risk appraisals filled out by the employee without professional help. Using only self-reported estimates of blood pressure and cholesterol. Lack of an immediate opportunity for employees to enroll in appropriate wellness activities.
2. **Recruiting Eager Employees**	Signing up employees "on the spot" for wellness activities during their screening. Making followup phone calls to alert them to the time and place of the activities. See task 1.	Depending only on the media and individual mailings to the homes of employees to publicize and promote wellness activities.
3. **Recruiting Reluctant Employees**	Persistent outreach and followup with at-risk employees via phone calls and personal visits. See task 2.	Continued use of the media and mailings to the homes of employees.
4. **Enrolling Employees in Programs**	Offering choices to employees (the "menu approach"): Guided self-help, mini-groups, and classes on smoking cessation, weight loss, nutrition, stress management, etc. See task 4.	Offering health improvement interventions only through classes. There may not always be enough participants to make up a full class. Many people lose interest if they have to wait, and some people don't like classes.
5. **Helping Employees Change Their Health Risks**	Continued outreach and followup with at-risk employees. Using "engagement" strategies tailored to the individual. Making followup contacts to prevent relapse. See task 2.	Continued dependence on classes, with little or no personalized followup or "engagement" strategies. Little activity to prevent false starts or relapse.
6. **Changing Corporate Culture to Support Wellness**	First implementing followup and health improvement programs, then using the momentum from these programs to introduce health-related changes in the work environment. See task 5.	Attempting to introduce changes in the work environment before launching health improvement activities and allowing time for the program to work.

4. health improvement programs, and 5. organizing worksite-wide activities. They are described in full in part II of the manual, "Putting Your Program Into Action." The third component, **Evaluation**, involves monitoring your program to find out if it is working and to help you refine it. Measuring your success shows what you have achieved and helps justify costs.

This manual will guide you through the steps you should take to make your program successful. As you read, remember that you will need to customize the program to your organization and each of your worksites. Many factors, such as the size and distribution of workforces, organizational policies, and budget issues, combine in different ways to make each workplace unique. Adapted to your organization, this program can improve the health and well-being of all of your employees.

I. Designing Your Program

The Wellness Outreach at Work Program depends on five major planning tasks to make it work. Don't be tempted to skip these tasks; each one is important. Planning is an ongoing process; many of the issues addressed in this section will continue to be important considerations as you implement your program. Here are the steps to take in designing your program.

1. Plan To Reach All Employees—Blue Collar and White Collar

The program has been proven effective with all kinds of employees—blue collar and white collar, management and rank and file, those who work in small businesses and those in large corporations. This manual emphasizes blue-collar examples because the program's effectiveness with blue-collar workers is one of the features that makes it different from most other programs. Moreover, the aspects of the program that make it successful with blue-collar workers also increase its effectiveness with *all* workers. Box B summarizes some of the major ways you can reach blue-collar workers. Also consider the following points.

Staffing

To staff your wellness program, look for people who:

- **Respond well to all types of people.** Staff members should be comfortable with workers of different races, ethnic backgrounds, and socioeconomic status. Provide opportunities during training and staff meetings to learn about the differences in lifestyles among the racial and ethnic groups represented at your workplace.
- **Reflect as much as possible the mix of races and ethnic backgrounds of the workers.** Program staff who share a cultural or racial background with workers may find it easier to gain their trust and to counsel them about lifestyle issues unique to their ethnic group.

Box B

Reaching Blue Collar Workers: Lessons Learned

This guide shares insights and operational principles that will help make any program more effective but that are crucial for programs aimed at blue-collar workers. Here are some keys to success:

Target blue-collar workers. Involve blue-collar workers in planning and running the program from the start. Many programs simply overlook blue-collar workers. Make sure the wellness committee includes workers from all levels, including union members. If your worksite does not have a union, identify rank and file employees whom other workers respect.

Reach out to blue-collar workers by offering programs where they work and at times when they can participate. Set up screening stations where large numbers of blue-collar employees work—in the production area, the lunchroom, or offsite. Consider setting up a temporary wellness office near the workers, making screening free to workers, giving workers many chances to be screened and counseled, and planning programs during work hours and for each shift.

Offer choices and options. Blue-collar employees participate less often in formal classes to reduce specific health risks. Offering other options, such as one-on-one counseling and guided self-help, may be especially important for these workers. Be sure that they can easily read any written materials given to them and that the wellness counselor goes over the materials with them.

Staff the program with people who work well with all types of employees. Program staff must be able to reach out to people and to be comfortable in any kind of setting. Try to find staff with the same range of backgrounds as your workforce.

Follow up and offer long-term support. The program requires that counselors make routine contact with workers at least every 6 months for as long as the workers can be reached. One-to-one followup counseling, not simply sending a letter, is crucial to the success of wellness programs. A personal verbal message can increase the chances that a worker will stick with a new behavior.

Target both the workers and their place of work. Besides helping workers change, a comprehensive program should help change the worksite. This involves reviewing the worksite's services, policies, and social climate, or "corporate culture." For example, food vendors should provide healthy choices in cafeterias and vending machines.

You *can* succeed in involving blue-collar workers in wellness programs. But in order to do so, the program needs to address their space and time constraints. In addition, the program staff needs to treat them with the same dignity and consideration they offer management.

- **Are comfortable working in a wide variety of locations** including noisy, dirty, cramped, or hot places, lunchrooms, cafeterias, and hallways.
- **Are outgoing and enthusiastic about wellness.** Staff members should be assertive, but not overbearing.
- **Are open to new ideas** and willing to try new ways of doing their jobs. They should be willing to look for and accept help.
- **Are eager to reach out to workers** (especially hesitant or reluctant ones), rather than waiting for workers to come to them.

Time and Place

Schedule screenings, classes, and counseling sessions at times that are convenient to employees. Blue-collar workers, for example, may have scheduled breaks or lunch times that can be used for activities. You will have to take shifts into account when scheduling services. Screening should always be located where it is visible and people can take advantage of the service easily during a break.

Followup Methods

Blue-collar workers may be less likely to sign up for formal classes than white-collar workers. Research has shown that when wellness programs follow the procedures described in this manual, participation rates for blue-collar and white-collar workers are remarkably similar. About 80 percent of both groups participate in initial screening.[2]

There is no systematic difference between the two groups in the level of participation in followup counseling or guided self-help interventions. The only difference found was for formal classes. White-collar employees participated more often in classes to reduce specific health risks; an average of 26 percent of the at-risk white-collar workers participated in classes, compared to 15 percent of the blue-collar workers.

Language

Avoid professional jargon in all teaching situations. Counselors and instructors in blue-collar settings may have to be especially sensitive to their language. Workers may get amused or even angry at instructors who use jargon.

Lifestyles

Changing long-held habits is a difficult task at best and can be even harder when counselors and instructors do not understand cultural or ethnic customs. For example, if high-fat fast foods are the norm in a certain group, counselors may have to be able to suggest acceptable and appealing ways to make changes. On the other hand, some ethnic groups' traditional foods are low in saturated fat, and counselors should be aware of how these can be used to help reduce risks.

Unions

Labor union officials should be part of the initial decision to start the program, rather than brought in afterwards. If they have not been involved in the planning, they may distrust management's motives for offering screening and other services. Union officials will also ensure that program activities are not in conflict with union policies and procedures. They can, in addition, be influential in gaining employee support and participation. At one worksite, for example, a rumor spread that screeners were taking blood to test for drugs. The wellness staff talked to union representatives, who were able to dispel suspicion quickly. Making unions, along with all other entities, part of the planning process can help ensure your success.

Management

The success of workplace wellness programs is often tied directly to top management's support for such programs. Be sure to include them in the initial planning of the program so they can influence other levels of management that will be involved. Encourage them to become active and visible participants as role models for all the employees. Provide them with the health benefit and cost-effectiveness information achieved by similar workplace wellness programs, including the Wellness Outreach at Work Program (box C).

2. Select the Wellness Committee

The wellness committee is made up of employees from the workplace. It oversees the entire wellness program and helps to plan and carry it out.[3] The committee should meet about once a month to review the previous month's activities and plan future ones. The wellness committee's tasks may vary from worksite to worksite. Sometimes the head of the committee runs the program. In other cases the committee only advises the wellness program staff.

The Duties of the Committee

Members of the wellness committee of the Wellness Outreach at Work Program do not design or conduct medical procedures, counsel clients, or handle confidential health information. These tasks are performed by wellness professionals only. In general, the committee's duties fall into three areas: planning, promoting, and helping to run the program.

Planning the Program

- Finding resources such as space for wellness activities.
- Planning and organizing events such as contests and celebrations that involve the entire worksite.
- Identifying where worksite-wide health improvements can be made and working with appropriate groups to make the changes.

- Reviewing reports prepared by the program staff and identifying future directions.
- Finding out how the program is being accepted by the employees and using the results to improve it.

Promoting the Program

- Recruiting workers to take part in wellness screening and health improvement programs.
- Encouraging workers to take part in followup counseling.
- Organizing promotional strategies using signs, bulletin boards, and other media available within the worksite.

Helping To Run the Program

- Setting up equipment and supplies for wellness screening, followup counseling, and health improvement programs.
- Helping to conduct all worksite-wide activities.
- Monitoring all activities and reviewing the performance of the professional staff.

Who Should Be on the Wellness Committee

When selecting your wellness committee, include people from subgroups that will be affected by the program, as well as people who will be helpful in running the program. Consider appointing people from top management, organized labor, the personnel or human resources department, medical department, health and safety department, and employee assistance program (EAP). Also consider experts in ergonomics and labor relations, as well as employees at large.

Your wellness committee can be structured in a variety of ways. You can have a joint labor-management committee, a committee with representatives from all levels and types of jobs, or a combined employee assistance and wellness program committee. Box D provides guidance on how many employees to have on your wellness committee.

Don't rely solely on volunteers to fill a committee. Make sure that your committee members have enough power in the company to run an effective wellness program. Bringing a wide range of people together on the committee will build widespread support for the program. Wellness committee members should:

- Become familiar with worksite policies and procedures and with the other workers at the worksite.
- Have some authority, influence, or trust among the workers.
- Be committed to both the goals and the procedures of the program.
- Encourage others to take part in the program.
- Be able to help with program planning, publicity, evaluation, and other tasks the committee handles.

Training Committee Members

Before starting the Wellness Outreach at Work Program, committee members should participate in training along with

Box C

Promoting the Program to Management and Labor

You may have to sell the idea of a comprehensive worksite wellness program to management and labor leaders. Here are some facts to bolster your argument.

Comprehensive programs save money. Companies that provide health benefits to long-term employees will save money after the first few years. For example, a storeworkers' union in New York City estimated that it saved $20,500 a year because of a program for members with high blood pressure.[19] Each dollar spent in another worksite blood pressure control program returned $2 to $3 to the company in reduced health care claims.[20]

Full wellness programs cost more than blood pressure control programs. Even so, comprehensive programs have reduced expected health care claims by 24 to 35 percent.[10,21,22]

Wellness programs have other benefits. Research shows that a wellness program can:

- Help employees improve their health[2,9,10,15,16]
- Boost morale and improve the quality of life in the organization[10]
- Reduce absenteeism.[23]

What convinces management to offer programs? Four factors often move companies to start wellness programs.

- **Resources get earmarked for wellness.** In Michigan, for example, the State allotted a pool of money to help small businesses begin wellness programs.
- **One or more employees die from heart disease or stroke.** These tragedies direct the company's attention to preventing more deaths.
- **The competition is offering wellness programs.** The company may use a wellness program, among other benefits, as a recruiting tool.
- **Employees bargain for wellness programs.**

You can gain support from key labor and management leaders by contacting them early about their own health risks. In this way they learn what the program is about and experience the benefits firsthand.

Box D

How Many Members on the Committee?

The size of the wellness committee depends on your workforce. You may want the number of labor and management representatives on the committee to be equal. The Wellness Outreach at Work Program uses the following rule of thumb:

Fewer than 300 workers — 2 to 4

300 to 1,000 workers — 4 to 6

1,000 workers or more — 6 to 12

the wellness professionals. At times they will just observe; at other times, they will take full part in the training. This involvement will make the wellness committee fully aware of the work expected of the professional staff. The committee will therefore be better able to carry out the program, oversee performance, spot problems, and develop a sense of ownership in the program.[24]

3. Set Initial Goals

How much participation can you expect? How much can employee risks be reduced? Which employees should you target? Answers to these questions (box E) will depend on your financial and human resources as well as the priorities you choose for your program. Setting goals and a timetable to accomplish them will facilitate planning and implementation (box F).

How Much Can You Expect To Accomplish?

Always aim for 100-percent participation in screening, 100-percent participation in risk reduction activities for employees with targeted risks, and 100-percent control of those risks. For most worksites, however, these goals will not be achieved, particularly not in the first year or two.

The following are achievable objectives for most worksites for the first year if all the services described in this manual are provided:

- At least 70 percent of the employees participate in initial screening (80 or 90 percent in smaller worksites).
- At least 80 percent of the employees with targeted health risks receive followup counseling by a wellness counselor.
- At least 50 percent of the employees interviewed begin a risk-reduction program.
- At least 50 percent of the hypertensive employees keep their blood pressure under control.
- At least 30 percent of the employees with high cholesterol reduce their cholesterol level by at least 10 mg/dL.
- At least 15 percent of the overweight employees lose weight.
- At least 10 percent of the smokers stop smoking.
- At least 30 percent of the employees exercise three times a week or more.

As the program goes into its second year, these percentages should increase and you should set out to prevent relapse. Keep in mind that without ongoing program support, many employees will relapse to former unhealthy behaviors.

Which Employees Should You Target for Followup?

After screening as many employees as possible, you will need to decide which ones to target for followup. The ideal is to follow up with all employees. If you don't have enough resources to do this, you may identify one or more of the following groups for followup. (This is discussed at greater length in Task 2: Follow Up With and Counsel Employees.)

- Employees with identified risks, including those with high blood pressure or high cholesterol, those who smoke, those who are at least 20 percent overweight, and those who don't exercise enough.
- Employees with selected risks, plus those who say they are interested in any of the programs, regardless of their risk factors.
- Only those employees with high blood pressure or high cholesterol.

Whatever your resources, you must decide exactly which employees will receive followup counseling, and then be sure to reach out to all of them. If you do not, your program will likely service only the eager volunteers who routinely seek out services, and you will miss those who need your services most. Plan to work to make your program comprehensive, even if you are not able to start that way (box G). Your screening data will tell you which employees have each risk. It will also identify those with more than one risk. This information will help you plan your work and staffing.

4. Select and Train Wellness Professionals

In the Wellness Outreach at Work Program, health professionals become wellness professionals when they are trained in the full range of wellness activities. Wellness professionals are generalists who come from a wide variety of backgrounds and schooling. They may be nurses, dietitians, health educators, counselors or exercise physiologists or have other backgrounds. But in addition to their primary training, they know something about all wellness topics, including smoking, exercise, and nutrition. They also know how to engage and support people in making and sustaining health improvements.

There are three roles for wellness professionals in the program:

Box E

Estimating Employee Risks and Interests

To help set objectives and allocate resources, you will need some estimates of how many employees currently are at risk and what kinds of programs they will need and be interested in. The following figures are based on findings from 75,000 employees in more than 100 worksites. Chances are that these estimates will apply to your employees too.

Prevalence of Risk Factors

Risk Factors	Employees, %
Report High Stress Levels	21-35
High Blood Pressure (≥ 140/90 mm Hg)*	22-38
Overweight by 20% or More	26-40
Smoke Cigarettes	18-45
High and Borderline-High Cholesterol (≥ 200 mg/dL)*	45-60
Exercise Fewer Than Three Times a Week	65-72
Drink Alcoholic Beverages	47-80

* Includes employees on treatment for high blood pressure and/or high blood cholesterol, as well as those with elevated readings.

In general, if your employees are on the older side, you can expect more high blood pressure, overweight, and high cholesterol and less smoking. If you have more white-collar workers, you may have fewer smokers and more people reporting high levels of stress.

Amount of Interest Among Employees

Program	Employees, %
Blood Pressure Education	14-16
Weight Loss	34-55
General Nutrition	38-55
Stress Management	33-61
Cholesterol Reduction	55-60
Fitness or Exercise	43-67
Smoking Cessation*	65-75

* Includes only employees who smoke

The amount of interest employees have in a program is affected by the number of times the program is offered. The more often it has been offered, the less interest the employees will have, probably because the people who want to take part in classes have already done so. Employees are not usually aware of options besides classes.

Box F

Setting a Timetable Helps Accomplish Your Goals

Decide on some short-term objectives for your program—and set deadlines. Achieving even small goals can help you develop a sense of momentum and success. Here is a sample timetable for a large worksite. Smaller worksites may be able to complete the planning and implementation stages in less time.

Three months before screening. Develop a checklist of things you need to do to prepare for screening. For example:

- Choose screening dates that do not conflict with other activities.
- Identify a pool of screeners and then recruit and train them.
- List the people at the worksite whose help you will need, such as electricians, security personnel, and maintenance staff. Plan to consult them.
- Review potential screening locations in the worksite. Identify the additional furniture or equipment you will need.

One month before screening. Continue reviewing and refining your checklist. Meet with management groups and other appropriate groups or individuals to make sure they are familiar with the program. Review your plans for promotion.

One week before screening. Intensively promote activities you have planned.

Within the month after screening. Schedule health improvement classes for weight loss, smoking cessation, and a heart-healthy diet (cholesterol control) to take advantage of the interest created by screening. Review the level of interest in classes on fitness or exercise, blood pressure control, and stress management.

Begin following up with those you targeted. Encourage each of these employees to set a specific health improvement goal for himself. It could be as simple as substituting fruit for candy during the afternoon break. Identify which of these employees might be able to help in setting up worksite-wide events or activities.

Two or three months after screening. Review the interests and skills of the people you have contacted. Begin planning for a worksite-wide event.

Six months after screening. Summarize the results of the first 6 months of followup. Identify which targeted employees have not been reached and make them first priority. Review your priorities for the next 6 months.

- **Wellness screeners** introduce employees to the program, take health measurements, collect health-related information, provide initial counseling, and help employees define for themselves what they need and want in a wellness program.
- **Wellness counselors** work with employees after the screening to help them create and carry out a plan to reduce their risks and improve their overall health.
- **Wellness instructors** teach classes and minigroups on different health topics.

A wellness program in a small business can be staffed by a single staff person who fills all three roles. Larger worksites will use different people to fill these roles.

Companies will have to choose whether to hire or contract wellness staff (boxes H and I). Companies that want to contract for all of their wellness services may have a hard time finding one provider who will offer all of the services in one package. However, we have found that supply follows demand: Many small service providers who market wellness or occupational health services to industry are willing to develop whatever services worksites request.

Selecting Screeners

In the Wellness Outreach at Work Program, screeners are typically at the worksite only during initial screening. They are the employees' first contact with the program. Most screeners have a health background. They may be nurses (R.N.s and L.P.N.s), medical technicians, exercise physiologists, counselors, recreation specialists, dietitians, social workers, or health educators. But the program has also used clerical staff, college students, and others to screen employees. With proper training, laypersons *working under the supervision of health professionals* can be effective screeners.

Training Screeners

The initial training of wellness screeners requires at least 2 days for people with previous training and experience. Others require 3 or more days. Training should continue until each person can perform at an acceptable level. Screeners should be able to:

- Follow general wellness screening procedures, including proper use of the screening form.
- Recruit employees who have not yet been screened.
- Measure blood pressure.
- Measure blood cholesterol.
- Assess employees for other cardiovascular disease risks.
- Refer those who need medical evaluations to doctors.
- Refer those with other health risks to health improvement programs.
- Carry out health education with a wellness perspective.

Box G

Starting in a Small Way

It is sometimes hard to get approval for a comprehensive program right away. Here are some suggestions for starting small and building as you go.

- **Begin with one pilot site.** Document your achievements at one site and use the figures to request expansion to other sites.
- **Begin with screening and followup.** You can add classes, other activities, and organizational change as the need becomes clear.
- **Target high-risk employees for followup.** You will be able to show more change in this group and make a strong case for additional funding.
- **Use free or low-cost community resources.** Local public health departments, nursing schools, and voluntary health agencies, like the American Heart Association and the American Red Cross, may be able to offer their services. Be sure that their staff has been properly trained. (See resources in appendix A.)

And here are some things you should NOT do:

- **Don't phase the program in risk by risk.** It is more efficient to screen for all risks at once than to check for one risk at several different times. More important, it is more effective, as well as more efficient, to counsel an employee about three risks than it is to discuss one risk at a time.
- **Don't skip followup.** Don't offer screening or health improvement classes without followup monitoring and counseling. You will not be able to show any effect on health risks, interest in the program will drop, and you will have a hard time getting the support you need to continue (much less improve) your program.

Box H

Hiring vs. Contracting Staff

When staffing your wellness program, think about whether you should hire wellness staff as employees or contract with wellness professionals from outside your workplace. Here are some points to consider:

Your worksite's size. Small and medium-sized worksites do not usually employ more than one health professional, if any. If your worksite is in this category, you will need outsiders to staff your wellness program. You can often reduce costs if a group of small business employers get together through a local merchants' association, a chamber of commerce, or at an industrial mall and share costs.

Larger worksites have several options:

- Hire staff solely for the wellness program.
- Shift existing staff members (such as a fitness center director) away from their current work.
- Contract with an outside professional wellness provider.
- Use a combination of internal and external staff members.

Confidentiality. Using an outside provider may make it easier to keep personal health information confidential. Such information is not available to the company or the union, since the provider is not a part of either. In some cases, records may even be stored offsite except when being used by wellness counselors.

Organizational issues. Internal staff members are more likely than outside providers to understand your worksite. They will know firsthand how it is organized, who the major sources of power are, and how to develop key resources and support. It is important to ensure, however, that internal staff members are located in a department that is acceptable to different groups (unions, management, employees) within the workplace. In some worksites, for example, the medical department is viewed with suspicion by many employees. In other worksites, the medical department may be well liked. In some worksites there may be so much political infighting that no existing department will be accepted and trusted by all employees. These worksites may need to make their wellness program free-standing, not part of any existing unit.

Control versus flexibility. The worksite will have more control over staff selection if wellness staff members are hired as permanent staff within the company. However, it may be more difficult to replace staff members who do not perform well. Outside providers can be more flexible when staff changes are needed.

Whether professional staff members are hired or contracted, the program must operate onsite and there must be office space and equipment assigned to it.

Selecting Counselors

In selecting wellness counselors, be aware of the following requirements:

Counselors need to know what the major health risks are and how they can be reduced. Wellness counselors are health generalists. They must have basic knowledge about a wide range of health risks.

Counselors must be able to talk with employees about their medical problems and the treatments prescribed by their doctors. This does not mean that all wellness counselors need specialized training in medicine, nutrition, exercise physiology, and behavior change. But each counselor needs a good overview of diet, exercise, and other wellness issues as they apply to the counseling of basically healthy people.

Counselors should be willing and able to use expert resources to help with problems that are beyond their expertise. Large wellness programs may employ counselors with varied backgrounds (such as a registered nurse, a registered dietitian, and an exercise

Box I

Finding Outside Wellness Providers

What to look for. Contract with a provider who:

- Has provided wellness services at worksites similar to your own.
- Wants to work as a team with both the personnel at your worksite and the wellness committee, and has a positive attitude toward wellness staff and colleagues.
- Uses proven procedures for each program component and keeps staff up to date through conferences, regular training, and publications.
- Knows about staffing, training, and getting materials and supplies.
- Keeps adequate records.
- Conducts routine quality control, evaluates his or her own programs, and provides regular written reports.
- Is professional in appearance and behavior.

And where to look.

- Hospital-based wellness programs.
- Companies in the business of selling occupational health and wellness services.
- Individual entrepreneurs.
- Public health departments.
- Local units of the American Heart Association, American Lung Association, and similar voluntary health groups.
- The local YMCA or YWCA.

physiologist). These counselors should serve as resources for one another.

Counselors must have skills in counseling different types of people. Look for wellness counselors who:

- **Work persistently with all employees.** Many health professionals believe that employees must be motivated to change before it is worth counseling them. The wellness outreach program has a different philosophy. In this program, helping people develop such motivation is part of the counselor's job.
- **Are flexible and accommodating.** Choose counselors who will seek out employees and make themselves available when and where they are needed. It is better to have two part-time counselors who can cover all work shifts than to have one full-time counselor who can work only 8 a.m. to 5 p.m.
- **Are respectful and attentive to all.** Select counselors who treat all employees with the same respect, regardless of their status, race, ethnic background, age, or other factor. Do not select staff members who show more respect to management than to labor.

Experience with worksite programs is helpful. Select counselors who have worked in settings like your own and who understand how worksites operate. When selecting counselors, try to observe them at work or talk with people they have worked with in the past. Special interviews can also be set up so candidate counselors are able to meet with several program staff members before they are hired.

Training Counselors

There are no formal programs that produce counselors with all the qualifications described above. You probably will need to offer in-service training to broaden the knowledge and skills of the people you select.

Who does the training? This training should be provided by people who are best qualified to fill in the gaps. Wellness committee members may inform the staff about how the worksite operates. Local hospitals or health organizations may offer training in special health topics. For example, local units of the American Dietetic Association may offer workshops in nutrition. Local units of the American Heart Association, your State public health agency, or a local nursing college may offer training in blood pressure measurement. And local units of the American Lung Association and American Cancer Society may offer classes in smoking cessation. Ask these local units what services they are able to provide. If your wellness staff is large and varied, staff members can also train one another. In addition, the Worker Health Program may be able to conduct training for worksite personnel. (See appendix A: resources.)

What should counselors learn in the training? Wellness counselors need the same training as screeners, since they will screen those employees who did not take part in earlier screening and will monitor health risks. In addition, they need to learn how to:

- Review employees' health risks and make sure the employees understand them.
- Contact employees who have health risks.
- Counsel employees on a one-to-one basis, helping them set goals, solve problems, and get expert help when they need it.
- Help employees follow their treatment and make lifestyle and health behavior changes.
- Recruit employees into health improvement programs, such as those for smoking cessation, weight loss, and cholesterol reduction.
- Work with employees on a one-to-one basis, using guided self-help. In situations where there are no wellness instructors, the counselors may have to conduct classes and minigroups as well.
- Work with wellness committee members to plan and conduct worksite-wide wellness activities.

Selecting and Training Instructors

Some worksites may have one or two people who carry out the wellness program once screening is completed. They serve as both counselors and instructors. Other programs will be large enough to include specialized wellness instructors in addition to wellness counselors. These instructors are trained to offer specific health improvement classes and programs for weight loss, cholesterol reduction, smoking cessation, and fitness. The instructors you select should be more specialized in their fields than wellness counselors (who must have some knowledge of all relevant fields). For example:

- Instructors in weight loss and cholesterol reduction often are registered dietitians or trained by a registered dietitian.
- Fitness instructors should be either exercise physiologists or certified athletic trainers, or they should have other training equal to the level of instruction they are providing.
- Instructors who conduct smoking cessation sessions should have specialized training in this area.

While instructors usually do less counseling than wellness counselors, the general characteristics to look for are the same, and similar on-the-job training may be necessary. Counselors and instructors must work well together because, unlike screeners, they are at the worksite providing services over a long period of time. They will cooperate more easily if you provide joint training. Also make sure that counselors and instructors are viewed as equal in status. One group should not supervise or assign work to the other. In addition, teamwork more often results when both instructors and counselors work for the same provider or for providers who have agreed to a joint venture. It will also help if you can assemble instructors and counselors who are generalists (generally competent in all areas of wellness) but also have expertise in specialty areas. Finally, promoting teamwork is difficult when a string of different instructors is assigned to lead classes. If you use the same set of instructors, they will be able to get to know the worksite and the rest of the wellness staff.

Box J

One Small Business Uses an Outside Wellness Professional

A gas station located near the center of a small city has contracted with a wellness professional to visit about every 6 months. This wellness professional screens new employees, does followup counseling with others, and gives employees self-help materials.

She also talks with the employees and the manager about how they can make changes in the gas station that would lower their risks. On one visit, for example, she helped to arrange a catering service that would bring heart-healthy lunches to replace fast foods.

5. Establish Procedures To Ensure Confidentiality

Confidentiality of information about individual workers' risks is essential. Any sharing of information beyond the wellness staff requires the client's signed authorization. However, while program staff members are bound by confidentiality (this is mandatory), individual employees are free to share their own information with anyone (this is voluntary).

Confidentiality does not mean anonymity. Wellness programs and employees' physicians need to know certain information so they can provide appropriate interventions. Employees should be encouraged to sign release forms when appropriate.

All program publicity and consent forms should include statements such as the following:

> This program is voluntary and confidential. Your health information is between you and the program staff. It will not be shared with others without your consent. Your participation in the program will in no way endanger or jeopardize your job.

Box K is a formal statement on confidentiality that was developed by one wellness program.

6. Promote the Program

The job of promoting the program is shared jointly by the wellness committee and the wellness professionals. Specific ideas for promoting screening, followup, health improvement activities, and worksite-wide activities are offered in the appropriate sections of this manual. Here are some general principles to keep in mind when planning promotions.

- **Keep the professional wellness staff visible and accessible.** The more they are seen throughout the worksite, the more employees will respond and become involved in wellness activities. Professional staff members should wear white lab coats or uniforms to identify them as part of the wellness program.
- **Keep the wellness committee involved.** Your wellness committee will probably be made up of those people in the workforce who are most interested in health and best able to spread communications to the people in their groups.

Box K

Procedures for Maintaining the Privacy of Data

Information about individual employees that is collected and maintained by the wellness program will not be available to anyone outside the wellness program staff. Such information will not go into medical or personnel records.

To ensure that all information received and maintained by the wellness program is used only for the purposes for which it is collected and is not available to unauthorized personnel, the program will follow these procedures:

1. Keep all papers that include information about individuals (whether or not those papers are marked with identifying information) locked in secure locations except when actually in use.
2. Do not allow persons who are not authorized to work with such papers to have access to them.
3. Destroy all such papers when they are no longer needed for the purposes for which they were collected.
4. Handle all data stored electronically on computers in such a way as to prevent unauthorized personnel from accessing and identifying data.
5. Do not discuss or share information about individuals with any unauthorized personnel.
6. Do not identify individuals in any way in written reports.
7. Specify which staff members need access to individual data, with the agreement of the wellness committee. Do not allow any other persons access.

- **Identify people whose jobs keep them in contact with many other employees.** Keep these key people individually informed about what the wellness program is doing. When possible, recruit them as participants.
- **Make sure that wellness counselors and instructors are aware of coming events.** Ask that they pass this information to their clients during followup and health improvement programs.

II. Putting Your Program Into Action

Task 1. Screen and Refer Employees

Screening is the first contact your wellness program will have with your employees. Screeners collect information from employees and counsel them about their health risks. Screeners also sign employees up for health improvement programs and refer those with elevated blood pressure or cholesterol to physicians. This section covers these steps and discusses ways to involve as many employees as possible in screening.

Screenings should be handled on a one-to-one basis—one screener working with one employee for the entire screening session. This is less time consuming than making employees stand in a different line for each screening service. In addition, using several screeners for one employee reduces the natural rapport that occurs in the one-to-one contact between screener and employee. You can screen up to 95 percent of your employees with the Wellness Outreach at Work Program by offering screening in five different waves. (See figure 2.)

1. Explain the Program and Obtain Consent

As the employee sits down, the screener should introduce herself (most screeners are women, though men also do this job). She should explain the program, including the screening tests and the consent form. Figure 3 is the consent form used in the Wellness Outreach at Work Program. About 95 percent of the employees sign this consent form when it is presented as a routine part of the screening procedure. A few employees may want to make changes in the form before signing it. Those changes should be honored.

Note that the bottom portion of the consent form will be used only for employees referred to their physician or already under treatment for one of the risk factors. Space is provided to record the name, address, and phone number of their physician. Your computer will then use this information to prepare mailings and followup instructions. (See task 2.)

2. Collect Information Using the Screening Form

The screening form is a tool used by screeners to make sure that they all collect the same information in an identical manner. The screener should ask each question in the order shown on the form and then record the information on the form. (Figure 4 is an example of a screening form used in the program. This form is to be used in conjunction with a training session and is not self-explanatory.) Screeners should take care to record the information accurately and legibly.

Measuring Blood Pressure and Cholesterol

Your local American Heart Association, nursing school, or State public health agency can provide information on how to take blood pressure and blood cholesterol measurements. The National Heart, Lung, and Blood Institute also provides such information, as well as other materials. (See appendices A, B, and C.) It is the screening supervisor's job to ensure that equipment is checked before screening. The manufacturer of the equipment will provide instructions on how to keep the machines operating accurately.

Drawing blood for cholesterol screening requires penetrating the employee's skin, so you must have adequate infection control. The screening *location* does not have to be sterile; it may have a dirty floor and the employee may have dirty hands. However, the screener must follow basic guidelines to prevent infection. Check with your local health department for information about such procedures. All cholesterol screening must also conform with the 1988 CLIA regulations.[25]

Measuring Height, Weight, and Exercise

Having employees state their height and weight is usually acceptable, but weight scales should be available since people often underestimate their weight. The use of scales is especially important to identify overweight individuals who may need nutrition and cholesterol-lowering interventions. Other methods of measuring overweight such as skin-fold measures may be used, but they are more time consuming in a screening situation. Also, they may require more privacy, which often reduces participation. (See figure 5.)

Producing Computerized Health Risk Appraisals

Many screening forms can be used to produce a personalized, computer-generated health risk appraisal (HRA) report for each participant based on the screening information. The HRA used by the Wellness Outreach at Work Program focuses on the risks of heart disease and can be produced using the screening form shown in figure 4. However, most HRAs are based on data that do not include sufficient information on African Americans and other minorities. Therefore, HRA results may not accurately reflect your worksite population.

Box L

Getting Ready for Screening

The provider of screening services will assign a person to be in charge of screening. This person, along with members of the wellness committee, will plan and oversee the screening. Whether small or large, most worksites can follow these steps:

Find screening locations. Wellness committee members and the provider representative should walk through the entire worksite to find as many screening sites as possible. Choose sites in an open setting without visual privacy screens. (These screens give the illusion of privacy but make it easy for someone behind the screen to overhear conversations.) Screening sites usually should have enough background noise to mask the screening interview. However, too much noise can prevent the screener from taking an accurate blood pressure reading. Open screening sites have higher participation rates.

Decide how many screeners you need. Screening takes about 20 minutes per employee. However, estimate that each screener will be able to screen about two people per hour, rather than three. This allows for breaks for the screeners, interviews that take longer than 20 minutes, and slack times.

In some locations, particularly small worksites where employees are physically close together and can leave their work station at any time, screeners will be able to see about three people an hour. In worksites where workers are spread out, cannot observe the screener, or cannot easily leave their work station, screeners may see fewer. An uneven flow of work and erratic work schedules can also slow down the screening process.

Generally, the closer the screener is to the employees' work stations, the more evenly spaced the screening will be, because employees can see when the screener is available. During the first few days of screening, you should have as many screeners as possible to help you screen as many employees as possible. The more people screened, the more the screening will be promoted through word of mouth.

When employees are spread out in different offices or buildings, you may choose to screen only one or two offices or units at a time. It will take longer to cover everyone, but you will need fewer screeners.

Schedule screeners. Screening is exhausting work. An important guideline in scheduling screeners is to allow plenty of recovery time.

Screeners in the Wellness Outreach at Work Program serve 6-hour shifts to maintain peak performance. When planning schedules, remember that setting up will take each screener an additional half hour. This includes time to check in, get messages about the day's work, check supplies, and get to the screening station. At the end of the day, another half hour is needed for cleanup, reporting, and planning for the next day.

Schedule screenings only 4 days a week, leaving the fifth day for paper work, planning, and other activities. Also screen just one shift at a time to avoid burnout among screeners.

3. Review Screening Results With Employees

Near the end of the screening session, the screener talks with the employee about the results. The screener should:

- Tell employees what their blood pressure and cholesterol numbers are, whether they are normal or elevated, and what the next step should be. (See figure 6 for Wellness Outreach at Work Program referral guidelines and appendices B and C for referral recommendations for high blood pressure and high blood cholesterol.)
- Give employees written information about blood pressure and cholesterol, including a record of the employee's readings. (See appendix A for materials used by the program and other resources.)
- Review the employees' other health risks and discuss what they should do about them.
- Give positive support to employees with few or no risks and provide some information about how to avoid developing risks. Information about good nutrition and exercise is often helpful.

4. Refer Employees to Their Physicians

Screeners should refer employees with elevated blood pressure and blood cholesterol measurements to their physicians for further evaluation. Figure 6 shows which levels are considered high enough to warrant referrals and what other risk factors should be considered when making referrals. These guidelines conform to the current national recommendations from the National High Blood Pressure Education Program and the National Cholesterol Education Program. They are outlined in more detail in appendices B and C.

5. Refer and Sign Up Employees for Health Improvement Programs

Refer employees with health risks to appropriate health improvement programs. Figure 6 provides guidelines for referrals to the following types of programs that can be offered at worksites: cholesterol control, weight loss, smoking cessation, fitness and exercise, stress management, and nutrition counseling.

Figure 2
The Five Waves of Screening

The Wellness Outreach at Work Program maximizes participation by offering screening in five different waves. The first four waves of screening take place during the initial screening period and overlap each other. The fifth wave reaches employees who were absent or missed the first four waves for other reasons. As you can see, more and more employees are reached with each wave.

Waves of Screening	Employees Reached	Cumulative Employee Participation Rate
1st	Eager Volunteers: Employees who tend to be interested in new activities and who volunteer readily. They then give information to the rest of the employees, who wait to find out what it is all about.	20-25%
2nd	Observers: Employees who need to observe in detail what is happening before they decide to join in. Screening in the open helps to encourage participation from these people.	35-45%
3rd	Questioners: Employees who need to be told or encouraged by their coworkers to take part. For these people, information from coworkers makes the program legitimate. It "gives them permission" to participate. They may come in pairs or groups to be screened.	50-60%
4th	Reluctant Ones: Employees who need to be personally invited by a screener or a wellness committee member. When screeners are not busy, they can "float" through the worksite where employees gather—vending areas, cafeterias, picnic tables, copy rooms, water coolers—and invite these employees to come and be screened.	70-85%
5th	Missing Ones: Employees who were absent from the workplace during the first four waves. It also can reach those whose work schedules during that period did not bring them near a screening site. Contact this group to arrange an appointment at the wellness office. After the mass screening is over and followup begins, the counselors can try again to screen those who were missed.	85-95%

Screeners should encourage employees to sign up for all the programs they are interested in, not just those related to their own risks. Screeners should explain that these programs are available either as classes or as self-help assistance for those who want to make changes on their own. Program planners have found that about half of the employees screened sign up. Most of them enroll in two or more health improvement programs.[27]

Figure 7 is a signup sheet for health improvement programs. Employees can simply print their names and identification numbers on this form (their addresses and phone numbers are on the screening form), check off the programs they are interested in, and mark G for group or S for self-help. Employees are more likely to sign up if there is already a name on the sheet. You can carry sheets forward from day to day so that they show who has already signed up. You can also get permission from well-known people at the worksite to list their names on the signup sheet.

The signup sheet is an indication of interest, not a commitment to participate. Employees who are unable or unwilling to publicly sign up for a program will have other opportunities to learn about and attend health improvement programs. For example, newsletters, posters, and word of mouth are common methods to advertise health improvement programs currently being offered. Wellness program staff should also be available to explain and promote health improvement classes to individual employees.

Screeners should also be able to answer general questions about each of these programs during the screening interview. In addition, it helps to give employees brochures or fliers that describe the programs in more detail and to include a phone number they can call for more information.

For more information on health improvement programs, see task 4.

Figure 3
Sample Consent Form

NAME _____ **SS#** _____-_____-_____
LAST FIRST

I agree to participate in a wellness program sponsored by [Organization]. I understand that this includes blood pressure measurements, questions about my health status, and a fingerstick procedure to collect a small sample of blood in order to measure my total cholesterol.

I give my permission to the program staff to release information concerning my blood pressure, cholesterol, and health status to my physician and to any health promotion programs in which I choose to participate.

I also authorize my physician and the health promotion programs to tell the program staff about my blood pressure, cholesterol, and program participation, and to discuss related information, including my medical history, diagnosis, and prescribed treatment.

I understand that this information will be used only for followup and evaluation and that I may be contacted from time to time by wellness program staff to check on my progress. I also understand that this information will not be available to anyone who is not on the wellness program staff, except in anonymous statistical form.

This authorization is valid until I say it isn't. I understand that my participation is completely voluntary and that I may stop participating at any time without any penalty.

DATE _____ **SIGNATURE** _____

WITNESSED _____

NAME OF PHYSICIAN _____

ADDRESS _____

_____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____

Note: This consent form may not be applicable to all worksites. Each worksite should seek their own legal counsel prior to using this or any consent form.

Box M

Screening Offsite Employees

Offer screening and other program services to workers at all work locations, including those that are off site or mobile. For example, in one company, about half of the employees worked out of their trucks and never came to the central location. The company dispatcher informed the provider where the work teams were located each day. The wellness counselor, working out of a van with all the necessary equipment and supplies, planned a route based on this information. Each day both screening and followup were offered to these employees wherever they were working. About 75 percent of these employees took part in the screening.

When employees are spread out in different offices or buildings, find a key contact in each location to act as the wellness committee for that unit. These people can help you plan, schedule, and promote the program.

6. Enroll Employees in the Followup Systems

As screeners make referrals, they should also inform employees of future followup, using these steps:

- Review the screening form while the employee is still present to make sure the form is complete.
- Check to see if the employee has any of the health risks your program has decided to target for followup. (See Section I, Designing Your Program.) You can adapt the chart on figure 4 to create a screening chart that fits your program's priorities and resources.
- Explain to employees that they will be contacted periodically and that a counselor will offer to help them reduce their risks.
- Give the employees a wallet card that allows them to chart their progress. (See figure 8.)

For more information on followup and counseling, see task 2.

Close Screening Sites

Each day, decide which screening locations are still useful. When most employees have been screened in a specific area and the waves of screening are not producing more volunteers, close that site.

Screening Is Only the First Step

Years ago in many worksites, screening was the beginning—and the end—of the wellness program. Employees were asked lots of questions about their health, measured and weighed, and then warned that they should take some steps to improve their health. A few did. Most did not, for many different reasons. Such a "wellness program" believed it had done its duty, even though it had accomplished little in terms of improving the health of the employees.

Box N

Making Scheduling Decisions

Company time vs. employee time. There are several reasons for using the employees' own time:

1. Releasing employees from their jobs for screening may be a direct cost to the company and be a loss of productivity. If this cost is added to the total bill for the wellness program, company officials may decide the bill is too high.
2. Many employees do not need to use company time. They can be screened during break time, lunch time, and before or after work.
3. Many other workers can arrange their workday to include screening—without reducing the amount of work they get done.

There are some exceptions. Those who work on an assembly line or are tied to their jobs may need to have a relief person fill in if the screening is held during their shift. Also, if you want to do more extensive screening that requires more time, it may be necessary to release employees from their jobs for a short time.

Appointments are not usually needed. The screening process should take advantage of the employee's readiness to participate. Many employees will lose interest if they must make an appointment. As long as the screening sites are visible, the employees themselves control the flow. Employees with time to spare wait in line. Those with no time to spare come back when the screener is free.

There are some situations in which appointments may be needed. For example, scheduling helps when employees are screened on released time. But here are some arguments *against* making appointments for screening:

- Making appointments for screening is time consuming. It requires a clerk to keep the schedule.
- Many employees have jobs that make it hard to keep a set appointment.
- Those who miss their appointment often feel that they have missed their only chance.
- Those who fail to sign up for an appointment often feel that it is too late because they did not sign up.

These drawbacks to using appointments may not apply to small worksites. At small worksites, it is easier to communicate that the schedule is flexible.

Now we know that screening is just the first task in a wellness program. Screening identifies employees with specific health risks and interests, and engages their interest in the rest of the program. The next part of the manual explains followup counseling, which may be the most important piece of the program. Followup counseling makes the screening worthwhile and makes your whole program work.

Figure 4
Multiple CVD Risk Factor Screening Form

Please circle responses

1. Type: 1. Initial Screen 2. Rescreen
2. Location Code ☐☐☐☐☐ ID Number ☐☐☐ – ☐☐ – ☐☐☐☐

   Name _____ Last _____ First _____ MI

   Address _____

   City _____ **State** _____ **ZIP** _____

   Home Phone (_____) _____ – _____ **Work** (_____) _____ – _____

3. Date of screening ☐☐ – ☐☐ – ☐☐ (Month – Day – Year)
4. Obtain signed consent form.
   1. Client signed consent form
   2. Client refused to sign form
   3. Screener error
5. Are you pregnant now or have you been pregnant within the last 6 months?
   1. Yes – *go to question 7* 2. No
   ↓
   Take blood sample and begin cholesterol appraisal.
   Record cholesterol under Question 49.
6. Machine #: ☐☐☐☐☐☐☐☐☐

7. Take palpatory BP, then take first BP reading.
8. Record BP under Question 46.

9. Sex: 1. Male 2. Female
10. Race: 1. White, non-Hispanic 2. Black, non-Hispanic 3. Asian or Pacific Islander, non-Hispanic 4. American Indian or Alaska Native, non-Hispanic 5. Hispanic, any race 6. Other _____

11. Are you working, unemployed, retired, or what?
    1. Working
    2. Unemployed/laid off
    3. Retired/disabled
    4. Housewife
    5. Student
    6. Other _____

    } *2-6 – go to Question 15*

    If working:
12. Are you an hourly or salaried worker? 1. Hourly 2. Salaried
13. Department: ☐☐☐☐☐
14. Usual work shift: 1. Days 2. Afternoons 3. Nights 4. Other

15. Birthdate: ☐☐ – ☐☐ – ☐☐ (Month – Day – Year)
16. How old are you? ☐☐
17. What is your present height and weight?
    Hgt ☐ ft ☐☐ in Wt ☐☐☐ lb
18. Are you interested in losing weight or learning more about diet and nutrition?
    1. Weight loss 2. Diet and nutrition 3. Both 4. Neither

19. Do you currently smoke cigarettes? (If not, have you quit/did you never smoke?)
    1. Yes 2. No, quit smoking 3. Never smoked – *go to Question 22.*
    ↓ ↓
20. About how many cigarettes do/did you smoke a day? ☐☐☐ # Cigarettes/Day (one pack = 20)

    (Current smokers only)
21. Do you think you will want to quit smoking some day?
    1. Yes 2. No

22. Take second BP reading: Record under Question 46.

23. Has a doctor ever told you that you have high blood pressure (HBP)?
    1. Yes 2. No – *go to Question 31.*
    ↓
24. Are you under a doctors care for HBP?
    1. Yes 2. No
    ↓
25. Are you taking medication for HBP?
    1. Yes 2. No
    ↓
26. What are you taking?
    1. _____ (× day)
    2. _____ (× day)
    3. _____ (× day)
27. Are you on a prescribed diet for HBP?
    1. Yes 2. No
    ↓
28. What type of diet is it? (Circle all that apply.)
    1. Low salt 2. Weight reduction 3. Other (specify) _____
29. Are you under any other treatment for HBP?
    1. Yes 2. No
    ↓
30. What kind of treatment is it?

31. Has a doctor ever told you that you have high cholesterol?
    1. Yes 2. No – *go to Question 39.*
    ↓
32. Are you under a doctors care for high cholesterol?
    1. Yes 2. No
    ↓
33. Are you taking medication for high cholesterol?
    1. Yes 2. No
    ↓
34. What are you taking?
    1. _____ (× day)
    2. _____ (× day)
    3. _____ (× day)
35. Are you on a prescribed diet for high cholesterol?
    1. Yes 2. No
    ↓
36. What type of diet is it? (Circle all that apply.)
    1. Low salt 2. Weight reduction 3. Other (specify) _____
37. Are you under any other treatment for high cholesterol?
    1. Yes 2. No
    ↓
38. What is it?

continued →

Figure 4
Multiple CVD Risk Factor Screening Form (continued)

39. Do you have diabetes?
(If yes, is it controlled or uncontrolled?)
1. Yes, controlled 2. Yes, uncontrolled 3. No

40. Have you ever had a heart attack or other type of coronary heart disease?
1. Yes 2. No

41. Have you ever had a stroke or other kind of blood vessel disease?
1. Yes 2. No

42. Did either of your parents or a brother or sister have a heart attack or die suddenly due to heart disease before age 55?
1. Yes 2. No 3. Don't know

43. How often do you exercise for at least 20 minutes, enough to work up a sweat? (Read categories.)
1. 3 or more times a week
2. 1-2 times a week
3. 2-3 times a month
4. Once a month or less
5. Never

44. Would you like to take part in any of these programs to improve your health? (Read the list.)

	Yes	No
• Fitness or Exercise	1	2
• Stress Management	1	2
• Foods To Keep You Healthy	1	2
• Weight Loss	1	2
• Cholesterol Control	1	2
• Stop Smoking	1	2

45. Take third BP reading. Record under Question 46

46. Record BP readings here:

1st [ ][ ][ ] / [ ][ ][ ] Normal? Elevated?
2nd [ ][ ][ ] / [ ][ ][ ] Normal? Elevated?
3rd [ ][ ][ ] / [ ][ ][ ] Normal? Elevated?

	Diastolic	
Systolic	≤88	≥90
≥138	N	E
≤140	E	E

47. Overall BP (based on 2 out of 3 readings) and treatment status (circle yes to treatment if client said yes to Questions 23 or 24).

Blood Pressure	Treatment
1. Normal	No
2. Normal	Yes – Add to caseload. Get physician's (P) name.
3. Elevated	No } Add to caseload.
4. Elevated	Yes } Recheck or refer to P and get P's name.

48. Client referral for HBP. (Circle all that apply.)
1. Yes, referred to physician (3,4)
2. Informed of future rescreen (3,4)
3. Not referred, but added to BP caseload (2)
4. Not referred, not added to BP caseload (1)

49 Record cholesterol reading here: [ ][ ][ ]

Reading	Category
199 or lower	Desirable
200-239	Borderline–high
240 or higher	High

50 Cholesterol and treatment status (circle yes to treatment if client said yes to Questions 32, 33, or 35).

Cholesterol	Treatment
1. Desirable	No
2. Desirable	Yes – Add to caseload. Get P's name.
3. Borderline	No – See referral box.
4. Borderline	Yes – Add to caseload. Get P's name.
5. High	No } Add to caseload. Refer to P and Nutrition
6. High	Yes } Program (NP) and get P's name.

51 Referral Box for Borderline-High Cholesterol (No Treatment):
(a) Has the client had definite coronary heart disease (CHD)? (Question 40)
1. Yes 2. No
• If yes, refer to P and NP, and get P's name (add to caseload).
• If no, see below.

Additional CVD risk factors:

(b) Male (Question 9)	1. Yes	2. No
(c) Severe obesity—30% + overweight (Question 17). See weight chart.	1. Yes	2. No
(d) Smoking cigarettes (Question 19)	1. Yes	2. No
(e) Diabetes melitus (Question 39)	1. Yes	2. No
(f) Stroke or other blood vessel disease (Question 41)	1. Yes	2. No
(g) Family history (Question 42)	1. Yes	2. No
(h) Hypertension (Question 47 = 2–4))	1. Yes	2. No

• If the answers to ANY TWO or more are yes, refer to P and NP, and get P's name (add to caseload).
• If less than two are yes, refer to NP (not in caseload).

52 Client referral for cholesterol. (Circle all that apply.)
1. Yes, referred to physician (5, 6, some 3's)
2. Yes, referred to nutrition program (3, 5, 6)
3. Not referred, but added to cholesterol caseload (2, 4)
4. Not referred, not added to cholesterol caseload (1)

53 Got physician's name and address:
1. Yes
2. No, client refused
3. Client doesn't know name of physician
4. Screener error
5. Not applicable

54 Screener ID #: [ ][ ][ ]

Screener name: _____

Figure 5
Height and Weight Table*

	30% Overweight†		20% Overweight††		Ideal	
Height	Men	Women	Men	Women	Men	Women
4'8"	—	135	—	125	—	104
4'9"	—	138	—	127	—	106
4'10"	—	140	—	130	—	108
4'11"	157	144	145	133	121	111
5'0"	161	148	149	137	124	114
5'1"	165	152	152	140	127	117
5'2"	169	156	156	144	130	120
5'3"	173	160	160	148	133	123
5'4"	178	165	164	152	137	127
5'5"	182	169	168	156	140	130
5'6"	188	174	174	161	145	134
5'7"	193	179	179	166	149	138
5'8"	199	184	184	170	153	142
5'9"	204	191	188	176	157	147
5'10"	210	196	194	181	162	151
5'11"	215	203	199	187	166	156
6'0"	222	208	205	192	171	160
6'1"	227	213	210	197	175	164
6'2"	234	—	216	—	180	—
6'3"	239	—	221	—	184	—
6'4"	245	—	227	—	189	—
6'5"	252	—	233	—	194	—
6'6"	258	—	239	—	199	—
6'7"	265	—	245	—	204	—
6'8"	271	—	251	—	209	—

* Heights are without shoes. Ideal weights are the average of the least weight for the smallest frame, and the most weight for the largest frame, based on the Met Life charts.

† For use in referring people with borderline-high cholesterol and who are 30% overweight to nutrition program.

‡‡For use in referring people who are 20% overweight to weight-loss program.

Source: Statistical Bulletin, Metropolitan Life Insurance Company, V.40, Nov.-Dec. 1959.

Box O

Getting Most of Your Employees Screened

The key to screening that reaches the majority of employees is outreach. These general guidelines will help you reach up to *95 percent* of your employees.

Set up screening stations at all work locations and on all shifts. Wellness screening can be offered 10 feet from an assembly line, 20 feet from where employees pour iron, next to the copy room, in cafeterias, or in coffee-break areas. The more screening sites you have, and the closer the screening process is to the employee's workbench or desk, the more employees will take part in it.[9,26]

Make screening visible. Put your screening stations in open areas, not in private rooms or behind screens or curtains. Screening in the open draws more people because:

- Employees are constantly reminded that the service is available.
- Nearby employees can see when the screener is free.
- Employees can see what is taking place, how long it takes, and how little is being asked of them. When people see that screening is easy and painless, they are more likely to take part.

In the Wellness Outreach at Work Program, all screeners wear white lab coats or uniforms to increase their visibility and to identify them with the program. This draws attention to the screeners and makes it clear they are health professionals.

Make sure screening is seen but not heard. Screeners can use distance or background noise to prevent screening conversations from being overheard.

Ensure that confidentiality is maintained. Explain to employees that no one will have access to their health information without their permission, and emphasize that conversations between screeners and employees are confidential. (Confidentiality does not mean, however, that employees should not share their screening information with each other. In fact, the more they do, the better. This interaction creates natural support groups.)

Give employees many chances to be screened. The five waves of screening described in figure 2 will ensure that employees have many opportunities to be screened and also make it clear that participation is voluntary.

Make screening free to the employee. The screening for the program works best if it is free to the employee.[11] Ask the company or the union to cover the expenses of the screening.

Inform key groups in advance of the screening to generate support. Union leaders, foremen, and others can help spread the work and encourage employees to participate.

Generate support for the screening with advance publicity. See box P for publicity ideas.

Box P

Publicizing the Screening Process

Here are publicity ideas for screening as well as for the entire program.

- **Presentations at meetings of key personnel**, such as supervisors, union officials, and managers. The appropriate meetings will differ from worksite to worksite. You will need to identify the groups you need support from, and those you just want to inform. You will also want to think about the best way to inform them. For example, in a General Motors plant, the United Auto Workers local chairman (who also co-chaired the wellness committee) delivered a 10-minute presentation about the wellness program. He presented it to all 2,000 employees, in groups of 100 at a time.
- **Articles in internal newsletters** that talk about how the program got started and what it will do for the employees. You can plan a series of articles that begins with information about health risks and leads up to the launch of the screening. Later articles can report the results of the screening and announce additional activities.
- **A letter** from the wellness committee or from high-level officials in the company or union to the home of each employee can be useful. Describe the program, tell employees how you will maintain confidentiality, and encourage them to take part. Be sure that the people signing the letter are well respected by the employees.
- **Posters or fliers** placed throughout the worksite.
- **Other mechanisms, such as bulletin boards, paycheck inserts, newsletters, memos, table tent cards in cafeterias and lounge areas, talks with supervisors, presentations at meetings, videos, electronic mail, and regular mail.** For example, the wellness program operated by Ford Motor Company and the United Auto Workers uses all of the devices listed above. This program also broadcasts short talks and demonstrations of screening over the internal TV monitor system.[24]

Your wellness committee can decide on the best way to get the message out at your work location. You should be aware, however, that **the most effective publicity for wellness screening is the screening itself.** Many employees will throw away fliers and letters without reading them. They will walk past posters without seeing them. But they will notice and ask questions about the person in a white lab coat sitting across the aisle, talking with other employees.

Figure 6
Referral and Followup Guidelines for Screening

Health Risk at Screening	Referral Action	Enroll in Followup	Followup Encouraged
High Blood Pressure			
▪ ≥140/90-159/99 mm Hg	▪ Recheck within 2 months. Refer to physician if still high.	✔	
▪ >160/100 mm Hg	▪ Refer to physician.	✔	
▪ On treatment for high blood pressure	▪ Encourage maintenance of treatment (lifestyle modifications and/or drug therapy.)	✔	
See appendix B for more detail.			
Cholesterol			
▪ Borderline-high cholesterol: 200-239 mg/dL with no coronary heart disease and fewer than two other risk factors (including 30% or more overweight)	▪ Suggest consultation with physician and refer to nutrition program. Try to sign up.	✔	
▪ High cholesterol: ≥ 240 mg/dL or borderline-high with coronary heart disease or two other risk factors	▪ Refer to physician and to nutrition program. Try to sign up.	✔	
▪ On treatment for high cholesterol	▪ Encourage maintenance of treatment.	✔	
See appendix C for more detail.			
Overweight			
▪ Definitely overweight: 20% or more	▪ Refer to weight-loss program. Try to sign up.	✔	
▪ Moderately overweight: 10-19%	▪ Suggest weight-loss program. Try to sign up.		✔
Smoking			
▪ Currently smokes cigarettes	▪ Refer to smoking cessation program. Try to sign up.	✔	
▪ Previous smoker who has quit	▪ Inform about guided self-help maintenance program.		✔
Physical Exercise			
▪ Exercises less than three times/week	▪ Refer to physical fitness/exercise program. Try to sign up.		✔
▪ Exercises three times/week or more	▪ Inform about physical fitness program.		
Stress			
▪ Reports high or moderate levels of stress	▪ Refer to stress management program. Try to sign up.		✔
▪ Reports low levels of stress	▪ Inform about stress management program.		
Nutrition			
▪ Anyone interested in nutrition counseling/ information	▪ Inform about nutrition counseling/information program.		

NOTE: See Section I: Designing Your Program for information on how to decide which employees should receive followup.

Figure 7
Signup Sheet for Health Improvement Programs

Date: _____

Site: _____

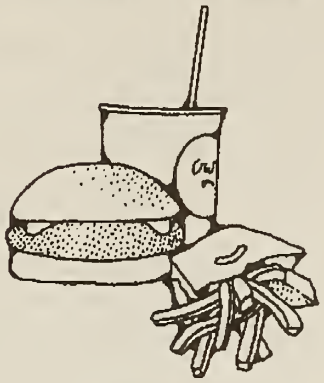
Name (Please Print)	Employee ID #*	Health Improvement Programs: Stop Smoking		Weight Loss		Stress Management		Physical Fitness		Low Cholesterol/ Heart Healthy		General Nutrition		Preferred Time for Programs
		G	S	G	S	G	S	G	S	G	S	G	S	
														1 ☐ Before work 2 ☐ After work Time:_____ ☐am ☐pm
														1 ☐ Before work 2 ☐ After work Time:_____ ☐am ☐pm
														1 ☐ Before work 2 ☐ After work Time:_____ ☐am ☐pm
														1 ☐ Before work 2 ☐ After work Time:_____ ☐am ☐pm
														1 ☐ Before work 2 ☐ After work Time:_____ ☐am ☐pm
														1 ☐ Before work 2 ☐ After work Time:_____ ☐am ☐pm

* Used to locate employee's address and telephone number

Preferred Approach: G = Group S = Self-Help

Figure 8
Wallet Card

Eat Fewer Fatty Foods



- Chips
- Ice Cream
- Cake
- Nuts
- Saturated Fats

Exercise Regularly

- Walking
- Biking
- Skiing
- Swimming
- Aerobics

Eat Healthy Foods

- Salads
- Fish
- Poultry
- Fruit
- Yogurt
- Unsaturated Fats

Name: _____

ID No: _____

(Inside)

Date	BP	Cigs/Day Exercise/Wk	Weight/ Chol	Date	BP	Cigs/Day Exercise/Wk	Weight/ Chol	Date	BP	Cigs/Day Exercise/Wk	Weight/ Chol
		C	Wt			C	Wt			C	Wt
		E	Ch			E	Ch			E	Ch
		C	Wt			C	Wt			C	Wt
		E	Ch			E	Ch			E	Ch
		C	Wt			C	Wt			C	Wt
		E	Ch			E	Ch			E	Ch
		C	Wt			C	Wt			C	Wt
		E	Ch			E	Ch			E	Ch
		C	Wt			C	Wt			C	Wt
		E	Ch			E	Ch			E	Ch
		C	Wt			C	Wt			C	Wt
		E	Ch			E	Ch			E	Ch
		C	Wt			C	Wt			C	Wt
		E	Ch			E	Ch			E	Ch
		C	Wt			C	Wt			C	Wt
		E	Ch			E	Ch			E	Ch
		C	Wt			C	Wt			C	Wt
		E	Ch			E	Ch			E	Ch

Task 2. Follow Up With and Counsel Employees

The keys to a successful wellness program are persistent one-to-one outreach and followup counseling to encourage adherence, promote changes in lifestyle, and prevent relapse. Procedures that support adherence help clients follow the treatment regimen prescribed by their physicians and other health service providers. Procedures that foster changes in lifestyle support clients as they sort through the variety of alternatives available, select which things to try next, and continue the process until they have altered their health risks. Periodic outreach and followup procedures provide clients with a "safety net," which keeps them involved in the program and prevents treatment dropout and relapse into unhealthy behaviors.

As a comprehensive program, Wellness Outreach at Work requires that counselors periodically contact employees, preferably at least every 6 months, throughout the employees' careers at the worksite. This chapter explains how to follow up with employees and their physicians.

The goals of followup are to:

- Involve employees who have health risks in treatment and risk reduction programs.
- Involve all employees in health improvement programs and worksite-wide wellness activities.
- Support employees in carrying out the risk reduction or health improvement activities they have chosen.
- Help employees comply with their treatment regimens and prevent them from dropping out.
- Help employees maintain behavior changes and avoid relapse.

Box Q

What Counseling Can Do

One-to-one followup counseling after screening can:

- Double or triple the percentage of people who keep their high blood pressure under control[2,9,28]
- Help up to half of the overweight employees lose weight and keep it off[2,4,11]
- Reduce average cholesterol levels by as much as 30 mg/dL for people with high cholesterol[11,14]
- Get up to 45 percent of the employees exercising regularly[4]
- Reduce rates of smoking and of smoking relapse by 25 to 50 percent[2,11,15]
- Reduce or control up to 56 percent of the employees[1] health risks within 3 years[1]
- Increase by up to sixfold the percentage of employees who participate in health improvement interventions.[2]

1. Set Priorities for Followup Counseling

In the planning stage, you decided which groups of employees to target for followup. Now you must decide the order in which you will contact them. Here are some guidelines that may help you make this decision:

- **People with several health risks** are at highest risk and should be near the top of the list. They can do a number of different things to reduce their risks, so it may be easier to convince them to take action.
- **People in key positions,** such as union leaders or department heads, who have health risks should also be contacted early so that they learn what the program is about and can share this information with others. (Most employees, including key employees, have at least one health risk.)
- **People who need a medical evaluation** for high blood pressure or cholesterol should also be targeted early. Many employees will have seen their doctors as a result of screening, but some will need more encouragement to do so.

Moving Through Your Followup List

When your screening is complete, you will be able to count how many people fall into your followup caseload. You will want to contact them at least once every 6 months. The following guidelines may assist you in planning this work:

- Send an initial mailing to about 25 percent of the targeted employees in the first month and 15 percent in each of the next 5 months, beginning at the top of your priority list.
- At the beginning of each new month, add to that month's list the people you did not reach from the previous month's list.
- When the counselor sees each employee, they should decide together when the next followup visit will be. It may be sooner than 6 months. Include the employee's name in the appropriate month's followup list.

Appropriate computer software can keep these lists for you. In making your priority list, be sure to take into account any special situations or activities. For example, the wellness committee may decide that smoking is your most serious problem. You may want to plan additional smoking-related activities, one of which could include a series of smoking cessation classes in conjunction with the Great American Smokeout in November. In this case, you may also target smokers for followup that month.

The important thing is to set your own priorities for outreach based on the needs and resources of your

Box R

Staffing for Followup

Estimating how many counselors you need. The number of followup counselors you will need depends on how many employees you will be following and how often you will contact them. Staffing of less than one counselor per 1,000 employees will show minimal impact and will leave the counselors frustrated. We recommend **one full-time equivalent counselor per 1,000 employees** and more if possible. The more staff members you have, the more followup they can do and the faster you will reduce health risks.

Estimating how long a followup contact takes. Followup visits generally take about 20 minutes, but can range from 5 minutes to 45 minutes or more. It depends on the amount of time the employee has available and the nature of the employee's case. As a rule of thumb, you can estimate that **each followup contact will require about 1 hour** of staff time. This includes the 20 minutes of time with the employee and the time for doing paperwork and managing all the counseling tasks. (See reference 28 for more details on this.)

For small worksites. Small worksites should not plan in terms of how many staff members to hire but, rather, how often each employee will be seen in followup. In small worksites, followup can be carried out at set times. Every few months (according to whatever plan is adopted), a wellness counselor can come and visit each employee (or those employees having identified risks—again, according to the plan that you adopt).

For large worksites. Followup can also be carried out at set times in large worksites, with wellness counselors coming every few months to see all targeted employees. However, programs at large worksites will work more smoothly if the followup staff is onsite regularly. This allows for more constant attention to the followup workload and quicker followup response to very-high-risk people and those in key worksite locations. It also lays the groundwork for the development of plant organization activities (as discussed in task 5).

workplace. A clear list of priorities lets you see if your staff are meeting their outreach goals. In addition, it allows you to review progress at set times to see whether you need to change your priorities.

2. Contact Employees

The first task of followup is contacting the employees you wish to see. This may sound obvious but it is often overlooked. You cannot help employees that you don't contact, and your program will probably have little impact if you only work with the people who are eager to participate. An effective program works with reluctant participants as well as eager volunteers.

Be visible. You can use these four methods to let employees know you are around:

- Establish open office hours in the wellness office. Encourage employees—including those who missed the screening—to visit you by posting and advertising your hours.
- Ask wellness counselors to make regular reports about how the program is going at management meetings. This will help supervisors get to know them and become familiar with their work.
- Be sure that counselors are seen by employees during the course of their workday. Ask them to walk through the worksite and talk with people as they go. They can answer questions, provide information, and schedule followup visits. They should always wear white lab coats or uniforms to identify themselves as health workers.
- If your worksite is large, ask the wellness counselors to move out of the wellness office on certain days and set up hours at other locations. This will help keep the counselors in contact with the employees who do not work near the regular wellness office.

These methods remind employees that you are there. However, they are not enough to get most employees involved. You need steady one-to-one outreach in order to involve and engage the majority of employees.

3. Use Various Methods of Contact

Wellness Outreach at Work has identified seven waves or methods of followup to use to contact all of the employees you wish to see. Figure 9 describes them in detail. Several waves of followup are necessary in large or spreadout worksites where it is difficult to get in touch with people. With each additional wave of followup, more and more employees are encouraged to become involved in the program. If your workforce is small, you probably won't need to use all of these waves. The task may be as simple as asking people for a good time to meet for a followup session.

4. Engage Employees and Get Them Started

When you follow up on employees, some will have done what was recommended at screening, such as going to a doctor for evaluation of high blood pressure or cholesterol. These are the "easy ones."

Other employees, especially those who need to make major changes in their lives to reduce their risks, need you the most. Those who need to stop smoking, change their diet, or increase their exercise level may not have started or may have

Box S

Dealing With Negative Reactions

Change can be frightening. While most employees are glad to be contacted, some may react to the contact as an intrusion into their personal lives and become angry.

For example: An employee stormed into the wellness office one day waving the followup letter that had been mailed to his home. He was angry because his wife had opened it and was putting pressure on him to see his doctor. He refused to participate further in the program and stormed out of the office, saying angrily that now he would have to go to his doctor. Six months later, he returned, announced that he was under treatment, and asked to have his blood pressure checked. He signed a new consent form allowing contact with his physician. From then on he saw the counselor regularly.

People are more sensitive about some health risks than about others. In general, employees do not question followup contacts to recheck their blood pressure or cholesterol. But followup contacts with employees who smoke or who are overweight can be touchy. Counselors need to be careful about the way they approach employees or leave messages.

For example: An employee who was 35-percent overweight complained to his union representative that the wellness office was "picking on" him. The counselor had asked him to come in for a followup visit to talk about ways he could lose weight. The counselor met with the union representative and the employee, explaining that it was the employee's choice whether or not he wanted to try to lose weight—the program just wanted to provide any help it could. After that, the employee participated in the program.

From cases like this, the counselors have learned not to mention specific health risks such as weight or smoking when making followup phone calls. When calling employees who have not yet been in to see them, the counselors say they would like the employee to come in for another health check or blood pressure check. However, if the employee said at screening that he or she wanted to try to lose weight or stop smoking, the counselor might refer to that information and ask whether the client had made any plans to begin. The employee's response on the telephone would signal to the counselor whether it was safe to ask about specific health risks.

In general, asking people to make changes in their lives can be quite threatening. While cases like the above are rare, they teach us two things:

- Don't be discouraged when some employees respond negatively. The majority respond positively.
- Don't give up on the few that respond negatively. They may become your best clients.

You can minimize negative reaction by telling employees during screening that they will be contacted later. Then the contact will not come as a surprise.

already given up. The wellness counselor's job is to get these employees to begin some type of health improvement activity.

The major task of worksite wellness programs is not to provide services for people who are ready to make health changes. These people will take action without your help, although your services may make it easier for them to do so. Your biggest job is to help the rest of the employees think through their options and start improving their health. Once employees have chosen their plans of action, the wellness counselor should help them carry out the choices they have made. The counselor should support and work with them to maintain changes and prevent relapse.

5. Use the Seven Engagement Strategies

The wellness counselor has two critical tasks: to help engage employees in health improvement activities and to keep them engaged over time in order to maintain health changes. The program has identified seven strategies that counselors can use to do this. Counselors select among these strategies based on what they know about the employees' health risks, interests, and past successes and failures. Information on the theory that underlies each of these engagement strategies can be found in Gregg et al.[29] Keep in mind that they are often used in combination. Here are some examples of each strategy.

The Accepting Counselor Approach: Establishing Trust

This is a basic strategy that is used in all interactions with employees whether or not other strategies are also used. The counselor shows a sense of genuine caring for the client as a person. She or he bolsters the client's sense of self-esteem and ability to make behavior changes. The counselor is sensitive to the client's point of view and empathizes with his or her feelings. As the following sample dialogue shows, this approach can even be used with a client who is angry at first.

Figure 9
The Seven Waves of Followup

The Wellness Outreach at Work Program has identified seven waves or methods of followup to use to contact all employees. As you can see, with each additional wave of followup, more and more employees are encouraged to become involved in the program.

Waves of Followup		Cumulative Employee Participation Rate, %
1st	Mail letters or postcards to the homes of employees to be seen in followup. Invite them to come to the wellness office for a health check.	20-25
2nd	Phone employees (at home or at work) who did not respond to the mailing. Ask them to come to the wellness office for a health check.	35-40
3rd	Visit employees at their work location to invite them to the wellness office for a health check when they have a break.	45-60
4th	Call employees into the wellness office on company time. This is done in cooperation with their supervisors, but without releasing any health information to the supervisors.	55-70
5th	Establish temporary locations on the work floor near groups of employees who have not come to the wellness office. Work with supervisors to release them for followup. This method is primarily for worksites covering a large amount of space.	60-85
6th	Phone employees who have not been able to come to the wellness office. Conduct wellness counseling over the telephone.	70-90
7th	Mail a letter and followup form to employees who could not be reached in person or by phone, reminding them of the services available. Encourage them to see their physicians and to come to the wellness office. Ask them to return the form to let you know how they are doing.	75-97

Counselor: Hi, John! I'm Sally Jones, one of the wellness counselors. Please come in and sit down.

Employee: Oh, so you're the one who caused all the trouble! I had to spend 2 weeks in the hospital and lost 6 weeks of work because of you people. .

Counselor: Yes, I know. I can see why you're upset. But we were very concerned when we screened you about your blood pressure. It was 220/140—so high that you were in real danger. Most people with high blood pressure don't have to lose time from work, but you were unusual.

Employee: Well, it was pretty lousy being in the hospital. That's where people go when they're ready to die. And I'm not ready, thank you.

Counselor: Of course you're not. And speaking from personal experience, I agree that being in the hospital is no fun. How are you doing now?

Employee: Well, I have to admit that the doctor says my blood pressure's come down a lot. And I'm not having any problems with the pills I'm taking. So maybe all that stuff they did was worthwhile. Hospitals sure are lousy places, though. I'd never been in one before—except to visit people who never came out.

Counselor: I'm sure it was really rough on you. But it sounds like you're headed in the right direction now. Did your doctor tell you to do anything besides take those pills?

Employee: Well, I've got to lose some more weight. And lay off salty stuff. Probably be tough, but I guess I'll manage somehow.

Counselor: Maybe I can help. I've got some materials here on losing weight and cutting back on salt. I think they might make things a little easier. Want to take a look?

Employee: Sure. Why not?

Counselor and client then review the materials together. This could have been an explosive encounter. But the counselor turned it into an effective counseling session. She was able to look beyond the client's anger and see that he was afraid.

Box T

Sticking to Counseling Basics

Each wellness counselor will develop his or her own style in carrying out followup contacts with employees. However, the following guidelines are useful:

Introduce yourself as one of the people who conducted the screening program. Say in a friendly way that you want to find out how they are doing. Often this is enough to get the employee talking, and you do not need to ask many questions. Just record the information they give you on a followup record, like the one shown in figure 10.

Be supportive and positive. Try not to sound like an interviewer who only wants to get information from them.

Ask nonthreatening questions when employees do not respond to "How are you doing?"

- "Have you been able to see your doctor yet?"
- "What did the doctor say?"
- "How are you doing with the medication?"
- "Do you have any problems with the diet you're trying to follow?"
- "How are you feeling?"
- "Have you thought about some things you could do to improve your health?"

Some employees may need more specific questions. For example, "I notice that you said at screening you were interested in trying to stop smoking. Have you thought about it some more?"

Let the employee talk. Listen carefully for clues to any problems the employee may be having with the treatment or behavior changes he or she is trying to make.

Use supportive statements to reinforce the positive things they have told you:

- "I'm glad you saw your doctor. High blood pressure can be controlled with the right treatment."
- "It sounds like you're in good hands with your doctor. Maybe next time you see her, you could ask her to check your cholesterol too, since it was in the borderline range when we checked it."
- "I'm glad to hear that you are taking your medicine regularly. That's why your blood pressure is down."
- "I know it's a tough diet to follow, but it sounds like you're making real progress."
- "The walking program you've started is a good idea. Next time you see your doctor, be sure to tell him what you're doing."

The fear kept him from taking action to improve his health. By accepting the client's fears as genuine, she made it possible for him to see her as an ally and accept help. It was an effective way to establish trust.

The 1-2-3 Approach: Building Sequential Strategies

This approach is effective with clients who are reluctant to take action to reduce their health risks. It offers a choice, or menu, of health improvement activities in three steps:

Step 1. The counselor reviews the available options on the "menu" and helps employees select an option they are willing to try. Most often the clients want to "do it themselves." This can work well if the counselor provides support during the process—one-to-one guided self-help. Simply leaving clients on their own with self-help materials, however, often does not work.

Step 2. The counselor maintains regular contact with the employees according to an agreed-upon schedule. If the choice made in step 1 is effective, the counselor provides positive feedback. If the choice does not work, then try the next step.

Step 3. The counselor suggests another approach, such as a group intervention.

It is important during each step that the counselor thinks *with* and not *for* the clients. In this way, the counselor moves the clients gradually from inaction to a belief that they can make changes, and then to actual behavior changes. Section II, task 4 provides more detailed information on the menu approach to health improvement interventions.

The Relative-Risk Approach: Building on Success

This approach can be used with employees who have successfully changed some health risks but still have additional risks. Without sounding insincere or manipulative, the counselor praises the employees for their successes and tries to build on them. Once employees see the counselor as a supportive person, it is easier for them to take the counselor's advice as a health expert. The counselor points out that while reducing one risk puts clients in a healthier position, their remaining risks still pose a threat and should be reduced. The counselor conveys confidence that the clients will be able to do this because of their previous successes.

Figure 10
Followup Record

(1) Site Number [ ][ ][ ][ ] ID Number [ ][ ][ ]-[ ][ ]-[ ][ ][ ][ ] Client's Name [ ] Page 0- [ ]

2.-4. Month [ ][ ] - Day [ ][ ] - Year [ ][ ] Today's Date

5. **Person involved in the action***
   1. Client (C)
   2. Physician (P) or P's office
   3. Health Improvement Program (HP)
   4. Other (O): 6. _____

7. **Mode of action***
   1. Mailed to client
   2. Received from client
   3. Phone contact
   4. Personal visit

8. **Material mailed****
   1. Followup form
   2. Authorization
   3. Health education
   4. Post card/letter
   5. Other: 9. _____

10. **Is C under a physician's care for HBP or cholesterol?***
    1. Yes 2. No

11. **Type of treatment****
    1. BP medication(s)
    2. BP diet
    3. Cholesterol medication(s)
    4. Cholesterol diet
    5. Other: 12. _____

13. **Is C following cholesterol-lowering diet with assistance from nutrition program (other than physician)?***
    1. Yes, formal program
    2. Yes, guided self-help
    3. Yes, entirely on own
    4. No

14. **Is C complying with HBP treatment?**
    1. Yes 2. No

15. **Is C complying with cholesterol medication(s) and/or diet?**
    1. Yes 2. No

16. **Current number of cigarettes smoked per day** [ ][ ][ ]

17. **Is C trying to quit smoking?***
    1 Yes, formal program
    2. Yes, guided self-help
    3. Yes, on own
    4. No

18. **Weight information obtained***
    1. No
    2. Yes, reported by C or other
    3. Yes, weighed during visit

19. **C's most recent weight** [ ][ ][ ]

20. **Is C trying to lose weight?***
    1 Yes, formal program
    2. Yes, guided self-help
    3. Yes, on own
    4. No

21. [ ][ ][ ] **Staff Member:** _____

22. **Is C complying with weight loss program?***
    1. Yes 2. No 3. Unknown

23. **How often does C exercise persistently for at least 20 minutes and work up a sweat?***
    1. 3 or more times a week
    2. 1-2 times a week
    3. 2-3 times a month
    4. Once a month or less
    5. Never

24. **BP reading obtained from this action***
    1. No
    2. Yes, reported by C, P, or O
    3. Yes, BP taken during this visit with C

25.-30.

Systolic		Diastolic
[ ][ ][ ]	/	[ ][ ][ ]
[ ][ ][ ]	/	[ ][ ][ ]
[ ][ ][ ]	/	[ ][ ][ ]

Most recent BP readings reported by C, P, or O, or taken during visit

31. **Current BP classification***
    1. Normal
    2. Elevated

32. **Cholesterol level obtained from this action***
    1. No
    2. Yes, reported by C, P, HP, or O
    3. Yes, taken during this visit

33. [ ][ ][ ] Total cholesterol

34. [ ][ ][ ] HDL 35. [ ][ ][ ] LDL

36. [ ][ ][ ][ ] Triglycerides

37. **Cholesterol classification***
    1. Desirable
    2. Borderline-high
    3. High

38. **Most current/complete information***
    1. Yes 2. No

39.-41. Month [ ][ ] - Day [ ][ ] - Year [ ][ ] **Date of next followup action**

NOTES

Update Section

2.-4. Month [ ][ ] - Day [ ][ ] - Year [ ][ ] **Date of information re: treatment regimen**

5. **Treatment regimen****
   1. Unknown
   2. None
   3. BP medication(s) (indicate in 6 & 7 below)
   4. Cholesterol medication(s) (indicate in 8 & 9 below)
   5. Diet (indicate in 10 below)
   6. Other (indicate in 11 below)

6. **Number of BP medications:** [ ]
   Type 1 _____ (_____ per day)
   Type 2 _____ (_____ per day)

7. **Prescribed medication(s) for HBP:**

8. **Number of cholesterol medications:** [ ]
   Type _____ (_____ per day)

9. **Prescribed medication(s) for high cholesterol:**

10. **Prescribed diet** _____

12. **Other prescribed treatment** _____

Physician Information

12. **Client's attending physician or clinic:**

* Circle only one category. **Circle as many categories as apply.

The Conflict-of-Intent Approach: Dealing With Ambivalence

This approach is used with employees who have made several verbal or written commitments to participate in a program or take action to improve their health, but who repeatedly fail to follow through. The counselor reviews this history with the employees and tries to get them to talk about possible reasons for failing to act. Many employees will then begin to recognize that they do want to improve their health and will take more serious steps toward doing so. The counselor is empathetic about the employees' reasons for not following through but also is firm in reminding them that their initial choice to do something about their health was a good one.

Here is how this approach worked with one employee who had high cholesterol. In this case the counselor telephoned the employee.

Counselor: (on telephone): I noticed that you didn't show up for that nutrition class you signed up for last week.

Employee: Oh, yeah. It started already, huh?

Counselor: Yes, yesterday. It seems to me that you have signed up for that class two other times and changed your mind about going then, too. Is that right?

Employee: Well, I have really had a hard time getting it together. My husband is working at a second job this summer, and it has put a strain on me. I don't ever seem to have any extra time for myself. You know, to do things like take this class.

Counselor: That does make it hard on the whole family when someone has to take another job. I guess that means that you have to take up the slack, doesn't it? But, you know, you do have to find time to do things for yourself—to take care of yourself. Your cholesterol is still high; it's 272! And you said your doctor wants you to change your diet.

Employee: I know you're right. I've been neglecting my health, and I haven't kept my word about attending these classes. I better take this program more seriously. When is the next session?

Counselor: What if I asked you to come in to the wellness office to make a deposit to guarantee that you will participate in the next class? Do you think that might help you?

Employee: Well, I guess it's worth a try.

The employee came to the next class and followed up with a weight loss session several months later. Her cholesterol dropped 20 points.

The employee might have felt some guilt or that impossible demands were made upon her. But the counselor had no control over these reasons for missing classes. The important point is that the counselor found an alternative strategy—asking for a deposit to assure attendance—for the employee to work toward behavior change.

The "It's My Job" Approach: Dealing With Resistance

This approach is used when an employee becomes defensive about attempts to encourage him or her to participate in a wellness activity. He or she may ask, "Why are you bothering me?" The counselor points out that helping people to improve their health is a counselor's job and that there is proof that these wellness activities can improve people's health. As with the other approaches, it is important that the counselor avoid giving the employee any indication that she thinks less of the employee as a person just because the employee is not taking the necessary actions to reduce important health risks.

This approach is similar to the accepting counselor approach, with the addition that contacts with employees are made not only because the counselor cares but because that's what the counselor is at the worksite to do. Even the most reluctant employees seem to understand and relate to job responsibilities as a good reason for counselors to contact them.

The Personal Contract Approach: Negotiating Agreements

This approach is used when an employee has decided on a goal, but needs more guidance and structure to plan the best way to reach it. The counselor helps the employee write out an agreement or contract. It spells out each action the employee has decided on, a startup date for each action, a followup date, and any rewards or reinforcements to help the employee follow through. (See a sample contract form, figure 11.) For example, one employee in the program had high blood pressure, was overweight, and was a smoker. First he saw his doctor and got started on treatment for his high blood pressure. He decided to deal with his smoking next, so he took a stop-smoking class and stopped smoking. Afterwards, due to his success in stopping smoking, he decided to work on his weight and enrolled in a weight loss program. Unfortunately, he gained instead of lost and decided to wait before trying again. He also began smoking again. After a few months, he was asked to come to the wellness office for a blood pressure check.

At this visit, the counselor suggested that it might help him to make a contract with himself. On the contract, an actual written form, he specified what he wanted to do, how he would do it, when he would finish, and how he would reward himself when he was done. The employee decided to stop smoking first and then lose weight. However, a week later he came back to the wellness office and said that he had decided to tackle the weight problem first, and the contract was amended.

When the employee returned for a followup contact, he had lost weight. But at the next followup contact he realized that his original weight loss goal was not realistic, so he and the

Figure 11

Heart Disease Risk Reduction Plan (Contract)

Name: _____

Goal(s): ❑ Stop Smoking ❑ Manage Weight ❑ Reduce Cholesterol
❑ Increase Exercise ❑ Control High Blood Pressure ❑ Manage Stress

Specific Activities	Date To Be Accomplished	Rewards When Accomplished

Date of Next Visit to Wellness Office: _____

Wellness Office Phone: 555-1234

Wellness Office Hours:

- Wednesdays, 9 a.m.-4 p.m.
- Thursdays, 5 p.m.-11:30 p.m.

Wellness Counselors:

- Jane Doe
- Bill Jones
- Mary Smith

_____
(Employee Signature)

_____
(Counselor Signature)

_____
(Date)

counselor once again changed the contract. He continued to lose weight, he brought his blood pressure under control, and he enrolled in a program to stop smoking.

As can be seen in this example, an agreement or contract is a flexible, working document. Changes can be made at any time to fit the needs of the employee. The important point is to maintain a working relationship with the client and to continue to support him or her in working toward a goal of reducing health risks. People undergo a lot of stress whenever they give up something in the short term to gain something in the long term. Maintaining contact and helping employees to get past these stressful times, no matter how slow the progress, is always better than holding them to a contract that may not be realistic given the problems they face.

The Fear Approach: Breaking Through Denial

This approach is used only as a last resort, because it can damage the relationship between the employee and the counselor. In this approach, the counselor points out the consequences of not taking action to change risky behaviors in the strongest terms possible—such as death, serious ill health, or loss of loved ones. Once the counselor has made the employee fearful, she presents ways to prevent the feared outcomes. **This approach should be used only after the counselor has developed a good relationship with the employee, and then only after all other options have been tried and failed.**

In the following example, the counselor tried many times to get in touch with an employee whose cholesterol was high at screening, and who smoked. She made many phone calls and sent postcards and letters, but he did not respond. As the next step, without releasing any information about his health, she asked his supervisor to allow him to leave his station at the assembly line to go to the wellness office for a followup contact.

Employee: Why did you call me off the line? Everyone is going to think that I'm sick!

Counselor: Have you received any letters, postcards, or telephone messages from the wellness office?

Employee: I don't remember. What's this all about? Who do you think you are—calling me in here like this?

Counselor: When we saw you at screening your cholesterol was high. We want to take another measurement today to see if it is still high. How about it? Can I take it now?

Employee: You guys really mean business, don't you. Well, since I'm here anyhow, I might as well have you take it.

Counselor: All right. I've taken your cholesterol and it is still high—289. You can see that this is well above the desirable level, which is less than 200.

Employee: I don't understand this at all. I feel just fine. How can I have high cholesterol if I feel good?

Counselor: High cholesterol doesn't have any symptoms until the damage is done. Here's a pamphlet I want you to read. It's called "What to Do in Case of a Heart Attack."

Employee: Wait a minute. You said heart attack?

Counselor: High cholesterol is one of the leading causes of heart attacks. You really need to see your doctor for a complete evaluation.

Employee: Okay, I'll go. I'm convinced.

The employee started treatment, brought his cholesterol down to 220, and responded to the counselor's attempts to keep in touch. He later agreed to enter a smoking cessation program.

It can be quite a shock to people when they finally realize how serious their situation is. This is the time that the counselor offers alternatives that the employee both thinks are reasonable and is able to act on right away. In this example, the counselor followed up with other approaches to engage the client and guide him into a less risky situation.

Box U

Using a Computer

Regular, personalized followup with employees and their physicians is critical for the success of the Wellness Outreach at Work Program. At first glance, such a responsibility may seem overwhelming. Merely keeping track of whom to see when is a major task. Keeping a record of the personal details of the lives and health histories of large numbers of employees can be cumbersome in a paper system. But these tasks are manageable with special computer software.

For very small worksites, it is possible to maintain program records and conduct program evaluations using a paper-based system. But even the smallest program can benefit from the speed of powerful, low-cost microcomputers. A personal computer with appropriate software can:

- Tell you whom to see each day or week, and highlight key information from your last contact with each person.
- Print out brief summaries of your last contact so that a quick review lets you approach each employee personally.
- Produce a report about each employee's risk factors, treatment status, and most recent followup information.
- Produce followup instructions for each employee who has not been seen within a certain time period.
- Produce letters and mailing labels to be sent to these employees and, if needed, to their physicians.
- Produce letters and mailing labels for employees who sign up for specific health improvement programs.
- Allow you to identify and count participants who have any set of characteristics you specify.
- Produce statistical reports for program evaluation.

Task 3. Follow Up With Physicians

In addition to followup counseling with employees, the Wellness Outreach at Work Program follows up with some of the employees' physicians. Here are the steps to follow.

1. Send a Letter

You should inform the physician or clinic of each employee who has high blood pressure or high cholesterol (or who is under a physician's care for either problem) about your work. Mail a letter that explains your program to the physician. The letter (figure 12) should include the employee's blood pressure and cholesterol readings, a copy of the employee's signed consent form (figure 3), and a followup form (figure 13) for the physician to complete and return. Along with the letter, send a self-addressed, business-size return envelope. A computerized information system can produce these letters and mailing labels.

2. Call the Office

Three to four weeks after sending the letter, call the offices of physicians who have not returned the followup form. Introduce yourself to the nurse or receptionist. Then follow these steps:

- Explain that a form and letter were sent to their office, along with a medical consent form signed by the employee, allowing release of information back to the program.
- Describe the information you need: the date of the employee's last visit to the physician, the employee's blood pressure and/or cholesterol readings, the physician's diagnosis and prescribed treatment, and date of the next visit.
- Try to get all the information on the followup form (see figure 13) over the phone. Do not insist on getting information that is not recorded on the employee's medical chart.
- If the receptionist states that information cannot be given over the phone, offer to send duplicates of the materials you sent. Or, if the receptionist cannot give you the information at that moment, call back at a more convenient time.
- Ask whether you can help the physician work with the employee, emphasizing that you would like to work in partnership with medical specialists. Offer to provide blood pressure and/or cholesterol readings you record during followup visits.

Box V

Contacting Physicians

There are three solid reasons to maintain contact with the doctors who are treating your clients:

1. The doctors receive employees' blood pressure and cholesterol readings measured at the worksite during screening and followup contacts. This gives them more information to be used in diagnosis and treatment.
2. You receive the blood pressure and cholesterol readings the doctor takes and information on the treatment the doctor prescribes. Many times the employee does not have this information or does not remember it. You can then use this information when counseling the client.
3. Followup encourages physicians to pay closer attention to heart disease risk factors among their patients.

3. Try Again

If a duplicate mailing was requested, send it. If you said you'd call back, do so at a more convenient time.

A few physicians will refuse to provide information, even with a signed consent form. And a few will request payment for this service—which counts as a refusal. These usually add up to only 5 percent or fewer of the physicians you want to hear from. Many more will simply not respond to your requests for information.

Do not be discouraged when this happens. Physicians are busy, but they *are* interested in the health of their patients. Most will cooperate if you take the time to explain your program to them. If you follow all of these steps, you should be able to reach up to 95 percent of them over time.

4. Repeat Followup Every 6 Months

The Wellness Outreach at Work Program follows up with physicians every 6 months until the treatment has a positive effect. After that, you can make contact less often, as long as the employee continues to respond well to the prescribed treatment. Use the process outlined above, making sure to include the most recent readings you have for the employee in the letter to the physician.

5. Follow Up With Other Providers

You should also make similar followup contacts with any outside wellness programs such as weight loss or smoking cessation programs that are providing long-term wellness services to your employees. This is often much simpler, because there are only a few such providers, and you can make arrangements with them in advance to share needed information.

Figure 12
Referral Letter to Physicians

Blood Pressure (BP): _____ Re: _____
Patient's Name

Total Cholesterol: _____ Date of Appraisal: _____

Dear Doctor _____:

(Organization name) has asked us to help their employees control their high blood pressure and cholesterol. This includes referring those with high readings to their physicians, monitoring their readings periodically, and supporting the physicians' prescribed treatment regimens.

The person named above volunteered for screening on the date shown. We recorded the above blood pressure readings and total cholesterol level. The cholesterol level was obtained via a finger-stick method, using a dry chemistry analyzer. We are following up on this person because:

☐ We have referred this person to you for further evaluation, because his/her *blood pressure readings* were elevated.

☐ This person told us that he/she is under *your care for hypertension*. We need updated information from you on his/her treatment progress.

☐ We have referred this person to you for further evaluation because his/her *total cholesterol level* was elevated.

☐ This person told us that he/she is under *your care for high cholesterol*. We need updated information from you on his/her progress.

Our referral guidelines follow national recommendations:

- For blood pressure: referral for confirmation or evaluation when two out of three BP readings are at levels of 140/90 mm Hg or higher.
- For cholesterol: referral when total cholesterol is 240 mg/dL or higher, or 200-239 mg/dL with a history of coronary heart disease (CHD) or two other CHD risk factors.

We conduct followup with the employees to help them comply with their treatment program and stick with it. In order to do this, we need information from you regarding your diagnosis and prescribed treatment regimen.

Enclosed is a consent form, signed by the person named above, permitting us to inform you of his or her screening results, and also to obtain the necessary followup information from you.

Please fill out the enclosed followup form and return it to us when you have completed your evaluation of this patient. We will contact this person periodically to support and promote his or her adherence to the treatment regimen you prescribed. If you have any questions, please phone us at _____ .

Thank you for your assistance.

Yours truly,

Program Director

Enclosure

Figure 13
Followup Form for Physicians

_____

The person named above:

[ ] Was referred to you for elevated *blood pressure* readings.
[ ] Indicated that he/she is currently under your care for *high blood pressure.*
[ ] Was referred to you for an elevated *total cholesterol* reading.
[ ] Indicated that he/she is currently under your care for *high cholesterol.*

Your cooperation in providing the following information, authorized by this person, will be most helpful to our program's followup efforts.

---

1. Is the person named above one of your patients?

[ ] Yes [ ] No Comments: _____

2. Have you seen this patient regarding his/her blood pressure or cholesterol?

[ ] YES, BLOOD PRESSURE [ ] YES, CHOLESTEROL [ ] NO, NEITHER

3. Please give the date(s) of the patient's most recent visit(s), and the blood pressure readings and/or cholesterol measurements taken at that time(s).

DATE: _____ BLOOD PRESSURE READINGS: _____

DATE: _____ CHOLESTEROL: Total: _____ HDL: _____ LDL: _____ Trig: _____

4. Diagnosis: Hypertension? [ ] YES [ ] NO Hyperlipidemia? [ ] YES [ ] NO

5. At the present time, is this patient on treatment for hypertension or high cholesterol?

[ ] On treatment for hypertension, since _____
[ ] On treatment for high cholesterol, since _____
[ ] Under observation for hypertension, since _____
[ ] Under observation for high cholesterol, since _____
[ ] Not on treatment or under observation for either high BP or high cholesterol

6. Currently prescribed treatment for hypertension and/or high cholesterol:

Hypertension:
[ ] Low-salt diet
[ ] Weight reduction diet
[ ] Alcohol restriction
[ ] Medication and dosage:
_____
_____
[ ] OTHER: _____

High Cholesterol:
[ ] Low saturated fat/low fat/low cholesterol diet
[ ] Weight reduction diet
[ ] Exercise program
[ ] Medication and dosage:
_____
_____
[ ] OTHER: _____

7. Current treatment status for hypertension and/or high cholesterol:

Status for Hypertension:
[ ] BP under satisfactory control
[ ] BP is difficult to control
[ ] Negative side effects from BP therapy
[ ] Patient does not comply with BP therapy
[ ] Patient does not return for scheduled visits

Status for High Cholesterol:
[ ] Cholesterol under satisfactory control
[ ] Cholesterol is resistant to therapy
[ ] Negative side effects from cholesterol therapy
[ ] Patient does not comply with cholesterol therapy
[ ] Patient does not return for scheduled visits

8. Date of patient's next appointment (if any): _____

_____
Your Signature

_____
Date

PLEASE RETURN THIS FORM TO:

[ ]

Task 4. Offer a Menu of Health Improvement Programs

The previous chapter discusses followup counseling, a process that continues throughout the employee's career at the worksite. This chapter talks about another part of the Wellness Outreach at Work Program—health improvement programs, such as weight loss classes, that focus on single issues and provide short-term help. To encourage a high level of participation in health improvement programs, Wellness Outreach at Work uses the "menu" approach.

The menu approach offers employees a range of options to support lifestyle changes. It allows people to choose the kind of help that suits their schedules and preferences. The Wellness Outreach at Work menu includes three basic types of programs—classes, minigroups, and guided self-help. This section outlines the basic steps to providing these health improvement programs.

1. Provide Three Types of Programs

Arrange to provide these three types of health improvement programs. Figure 14 shows the staff requirements and costs for each.

Classes

Classes can be effective because they provide social support for behavioral changes. Classes represent one method of conducting health improvement programs. You probably are familiar with several organizations that provide classes and materials for classes to help reduce the major heart health risks. The content of these classes will be generally similar.

Box W
The Menu Approach Boosts Participation

The "menu" approach gives employees the option of using classes, minigroups, or guided self-help to make lifestyle changes. The following participation rates for health improvement programs are typical of the high level of involvement that results from using the menu approach. These figures come from a 3-year study in four auto manufacturing plants.[4]

Programs	Participation Rate
High blood pressure	75 to 80% of hypertensives
Weight loss	65 to 70% of those at least 20% overweight
Smoking cessation	55 to 60% of smokers
Fitness or exercise	40 to 45% of all employees
Stress management	20 to 35% of all employees

Box X
Offering Only Classes Is Not Enough

When the wellness outreach program began, it offered only full-group classes that required eight or more participants. This did not work for two reasons:

- Many people did not want to wait until a full group was formed.
- Many wanted to learn and make changes on their own.

For example: About 10 percent of the smokers at a worksite participated in smoking cessation classes. The provider signed up groups of 17, 14, and 12 employees from three different shifts for classes. However, when the classes started a week later, only a few from each group showed up for the first session. In each case, the handful of employees who came were told that there were not enough participants to proceed with the class. If followup counselors had not been working at the site, those disappointed employees might have rejected smoking cessation programs forever. The wellness counselors found that most people wanted to reduce their health risks, and many were ready to start trying, but most did not want to take classes. They wanted to do it on their own.

At a different worksite where wellness counselors were not available, the members of the wellness committee offered classes twice a year for 3 years. But they were not able to get more than 10 percent of the targeted employees to take part in the classes.

As a result of these experiences, the program devised the menu approach to health improvement programming.[3] Other investigators have also reported the value of offering choices.[30]

You should have little difficulty finding competent people to lead these classes. (See Section I: Designing Your Program.)

Minigroups

Provide minigroups when only a small group of employees is ready to take a class. The minigroup covers the same information as the class. However, instructors in minigroups must be more flexible than they are in a class. They should speak more personally with individual clients and alter the agenda of the class as members of the group raise various issues. Instructors in minigroups should not lecture; they should present the information briefly and use most of the time for discussion.

Guided Self-Help

Many employees do not want formal help in making health changes; they prefer to do it on their own. In guided self-help, the wellness counselors provide support and materials,

Figure 14
Staffing Requirements and Costs

The costs of providing health improvement programs in 1990 ranged from about $55 to $275 per employee per program and averaged $80 per employee per program. These costs vary with local salary levels and conditions. If the wellness staff must travel very far to reach the employees, costs will likely be higher.

Types of Programs

	Full-Group Classes	Minigroup Sessions	Guided Self-Help
Staff Role	Led by instructor	Led by instructor	Guided by counselor
No. of Employees	8 or more	2 to 7	1
Activity	Leads formal classes with a full group	Leads informal sessions in person and by phone	Helps employee get started. Introduces self-help materials. Guides employee through process with followup in person and by phone.
Cost per Employee per Program*	$90-$100	$145-$155	$55-$65
			$110-$275 (for employees with two or more risks)

* Average cost per employee per program per risk is $80. You can contact various program providers in your community and ask how much they charge to provide classes. This will give you a sense of whether the ranges shown here apply in your area.

although some employees will bring their own books or program. The counselor should use whatever materials the client wants to use, as long as they were developed by competent professionals. The only rule is that all materials must be reviewed with the employee to be sure that he or she understands them and can use them. In general, though, materials should be simple and brief—no longer than one page—although a wide range of materials will work.

At worksites with comprehensive wellness programs, most employees—from 58 to 75 percent—choose the guided self-help approach over formal classes.[3] While the two approaches attract different participants, they have similar success rates.[30]

2. Obtain and Adapt Materials

Instructors' manuals, curricula, and protocols for wellness classes are available from many resources. You can obtain the materials used by the Wellness Outreach at Work Program, or you can use materials from other sources (see resources in appendix A). As long as the content is accurate, these materials may be very effective if delivered by staff members who interact well with the employees and are able to get them to change their behavior. These program guides should be altered for minigroups and guided self-help as follows:

- Minigroups should be more interactive than classes. They should not include lecturing.
- Guided self-help must be adapted to the needs of each employee.

3. Contact Employees Shortly After Screeing

Offer classes in the various health improvement areas as soon as feasible after screening. This allows you to take advantage of the interest that screening produces. If a signup sheet is used during screening (see figure 7), the people who signed up can be your first target for class enrollment. But don't assume that most of the people who signed up will actually attend the first series of classes. Signing up is a sign

of interest, but not a promise to act. You may find very quickly that you will have to use minigroups because there are not enough employees ready to fill a class.

As the wellness counselors get in touch with employees who have one or more of the various risks, they will find that most of those who are ready to make a change want to do it on their own. Counselors should work on a guided self-help strategy with each of these people.

Some of the clients that the wellness counselors see will indeed be interested in taking a class. The counselors should pass this information on to the instructors, who can use it to schedule their classes. (See task 2.)

Several weeks before a class is to start, counselors should try to help fill the class by once again contacting the employees who have the health risk that will be addressed. Classes should be offered periodically. How often you do so is part of the ongoing planning done jointly by your wellness committee and wellness professionals.

4. Publicize Your Health Improvement Programs

You will employ many of the same strategies you use to announce your screening to promote interest in your health improvement programs. These strategies include letters to all employees, newsletter articles, posters, and fliers. Here are some additional ideas:

- Send letters to employees who signed up for programs or expressed interest during the screening.
- Send letters to employees who have the specific health risks that the programs target. For example, publicize heart-healthy diet programs by sending letters to people with elevated cholesterol levels.
- Call those same employees to ask them to take part in the program.
- Place signup tables where most employees pass by. Provide an attraction like balloons and free popcorn. Talk about the programs to each employee who stops by. Give each a card or flier with the dates of future programs, and invite everyone to sign up.

Box Y

Deciding Whether Employees Should Pay

Asking employees to pay a portion of the program cost sometimes helps motivate them to participate. Employees are more likely to show up for the program if they have some of their own money invested in it. In programs offered by the United Auto Workers (UAW) and General Motors, the employees paid one-third of the cost of the full-group classes.[3] In the UAW-Ford Motor Company program, the employees pay a similar amount, which is returned to them if they complete the program. This technique works as an incentive for staying with the program.[24]

On the other hand, if employees are asked to pay the full cost of the health improvement program, participation may be very low.[11] In one study, the higher the amount employees paid, the lower the rate of participation.[31]

Box Z

Working With People With Multiple Risks

When an employee has more than one health risk, the wellness counselor should help the client decide which risks to address first. Together the counselor and client can develop a plan for dealing with each risk over time. In this way, the employee does not attempt to deal with all of his or her risks at once. This process may last months or years, and the counselor should stay in contact with the client by phone, mail, and in-person during this time.

In deciding which risk to address first, try to balance the severity of the risk, what the employee is most ready to address, and the likelihood of short-term success. Encourage employees who have been referred to a physician for high blood pressure or high blood cholesterol to address that risk first and see their doctor for an evaluation.

The most important challenge for the wellness counselor is to help each employee select a plan of action that he or she can carry out. Here is an example.

When Clara was screened by the wellness program, she was 45 percent overweight and had mild high blood pressure. She also had lots of stress. Her foreman was threatening to move her from her present job, which she enjoyed, because her extra weight made it hard for her to work in the space provided. Because of this stress, she was beginning to "smoke a little bit," even though she had quit smoking 3 years before. Finally, she told the wellness counselor that the counselor was the first person to whom she had spoken about her divorce, which took place 2 years earlier. To top it off, her teenage son was beginning to "get into drugs."

Using the one-to-one guided self-help approach, the wellness counselor first worked with Clara on her weight problem. This would help save her job and might bring her blood pressure down. The counselor also referred her to the company's employee assistance program for help with her stress and her child's drug problems. Over the next 2 years, Clara lost a lot of weight but not her job. At the end of 3 years, she was on her way to a healthier life. With career-long followup in the company, Clara will receive the help she needs to avoid relapse and continue her healthy ways. This one-to-one, guided self-help option is especially useful for very small worksites where there may not be the opportunity or the space to conduct formal classes and minigroups.

Many small worksites will not need to use these strategies. They will be able to reach all employees on a one-to-one basis. But larger worksites need to be creative to attract the attention of all employees. Worksite-wide events are often used to promote health improvement interventions. Finally, wellness counselors generate participation as they talk with employees about their health risks and interests.

5. Work With Healthy Employees

Although this section focuses on employees with health risks, you should also provide health improvement programs to employees who have *no* health risks. You can think of this strategy as "health proofing" the worksite.[32] It can benefit your program in several ways:

- It yields high employee interest and participation (from 70 to 100 percent) and teaches healthy employees how to maintain and even improve their health.[11]
- This high level of participation helps develop a highly supportive environment within the worksite.
- The supportive environment encourages other employees to change their bad habits and develop good ones.
- Finally, when everyone is involved in wellness, they are more likely to help make environmental changes and modify corporate policies to support wellness. The worksite as a unit commits itself to improving the employees' health. (Find examples in task 5.)

Task 5. Organize the Worksite to Create a Healthy Environment

Essential to comprehensive worksite wellness programs are worksite-wide activities and policies that promote a healthy environment. A healthy worksite environment will help employees maintain changes and reduce their risks. It can also help prevent health risks from developing. Finally, it can enhance overall health among all employees, including those who do not have any identified health risks.

Organizing the worksite begins with individuals, then involves groups, and then addresses broader organizational changes. During followup counseling you can encourage individual employees to think about what they can do to make this environment healthier or to help others improve their health. That is why the Wellness Outreach at Work Program begins with screening and followup. These activities involve one-to-one conversations, first with all employees (at screening) and then with those employees who are most likely to be interested in health improvement (at followup with those with health risks). By working with individuals, you build understanding and support for what you want to do, and you develop the skills and resources to get it done. These individuals then begin working within their own groups. These groups can then make changes in the organization as a whole. This chapter discusses steps that you can take to create a healthy worksite environment with the Wellness Outreach at Work Program.

1. Enlist the Support of Key Employees

A small number of individuals will be involved in the wellness program from the very beginning. These are the people on your wellness committee. But some of them may come to the committee with their own objectives. Some may be there only because they were assigned to come by their supervisor. Some may want to protect their own department or group. Others may not have enough time to give or may lack talents that the program needs. You will want to develop supporters from outside the committee as well as inside.

Every workplace has key people who can endorse the program, interest others in it, and help carry it out.[33] These include people in positions of power, as well as people who are influential. Try to identify these individuals and enlist their support.

- **Members of the wellness committee**, such as key managers, labor leaders, occupational health staff, health and safety people, and employee assistance program staff.
- **People whose jobs take them around the worksite**, such as relief operators, in-plant truck drivers, messengers, maintenance workers, health and safety staff, and union officers.
- **People at central communication points within a worksite**, such as secretaries, dispatchers, and supervisors who have broad responsibilities.
- **Interested employees.** Some employees will express great interest in the wellness program at the time of screening and offer to help with it.

Some employees in these roles will not be inclined to help spread news and interest about wellness activities. Try to identify those who will become involved in the program and believe in it. Try to enlist the support of people who are well liked.

People who are in these roles and also have health risks should be among the first people that the wellness counselors contact for followup. Working with them on their own health risks can cultivate their interest in helping with the larger wellness program.

For example: In one industrial plant the union shop chairman was overweight. He took part in a one-to-one nutrition program and a guided, self-help exercise program. He gradually, but steadily, lost weight. As he moved throughout the plant, many workers commented on his weight loss and increased fitness. He became a strong and vocal supporter of the program and organized a committee to improve the quality of food offered in the cafeteria and vending machines. Soon low-fat, low-cholesterol items were available.

Make Personal Contact With New Wellness Committee Members

As people are transferred or promoted, new people may be assigned to the wellness committee. Each time a member of the committee leaves, the wellness counselor should start personal health counseling with his or her replacement. This makes it easier to introduce him or her to the wellness program and its potential.

As these changes occur, it may be important to reassign some roles within the wellness committee to take advantage of new members and their interests.

2. Include Key Employees When Planning Activities

Planning and scheduling followup counseling is the task of the wellness counselors. The wellness committee does not decide which employees should be contacted or when. But the wellness committee and other key individuals should be

involved in planning activities that are more public in nature. These may include media promotions, special health-related events, and health improvement programs.

Scheduling Classes and Other Events

The wellness committee can provide important assistance in deciding when to schedule classes and other events. Classes in each of the risk areas should take place as soon as possible after screening. The level of participation in these first classes can help you decide how soon to schedule them again. Ask the wellness committee about the customs and policies of your workplace when scheduling classes. In some worksites; many employees will not come early or stay after work to attend classes; in other worksites they will. In some worksites the lunch hour is not a good time to schedule interventions; in other worksites it is the best time. Some jobs have scheduled break times during which employees can participate in wellness activities; other worksites do not.

Solving Problems and Generating New Ideas

The wellness committee and program staff should also monitor levels of participation in programs so they can identify problems or barriers to participation and find new program ideas.

For example: An aerobic fitness program that used martial arts was offered to 1,500 mostly male employees in a somewhat aging work force. A small group of employees was enthusiastic in the beginning, but their numbers dwindled after a while. Other more traditional aerobics classes were scheduled, but they also failed to attract participants. The wellness committee concluded that the employees were not interested in aerobic exercise in groups. They had to try a different approach. They decided to develop a walking route within the worksite that passed near most of the employees' work stations, thus providing easy and convenient access to exercise that they could do at their own convenience. And finally, the program sponsored a walking contest to introduce the walking route and gain participation from the start. This was highly successful.

For example: A wellness program offered two health improvement interventions that required employees to see their own doctors. One was a stop-smoking program built around the use of nicotine chewing gum that smokers had to get from a physician. The other was a high-level exercise program that required approval from a physician. No employees took part in either program. Employees did not see the need to visit their doctor to get an okay to use gum or to exercise. So the staff redesigned both programs. The smoking program no longer required the use of the gum, and the exercise program was lowered to a moderate level so that no one was placed at risk while doing it. Both programs then attracted participants.

Box AA

Promoting Awareness of Health Issues

Previous chapters have suggested ways to publicize screening and health improvement programs through the use of your worksite's existing channels of communication. These methods may include a newsletter, posters, flyers, in-house mail, electronic messages, paycheck stuffers, and so on. As the program continues, you can use these same methods of giving news to keep employees aware of health issues. For example:

- If you have a company or union newsletter, work with the editors to include a regular wellness column that reviews basic health information, or a wellness-at-work column that reviews services and events taking place at the worksite.
- If you have internal video monitors, produce videos of well-known and respected employees talking with the wellness counselors. Or produce interviews with participants in a smoking cessation class.
- Make use of information and materials from community or nationwide events, such as the Great American Smokeout sponsored by the American Cancer Society each November or National Independence Day sponsored by the American Lung Association on the Fourth of July.

In each of these examples, the wellness committee helped identify the problem as well as the solution by talking with their fellow employees about the programs.

Preparing Committee Members To Tackle Larger Issues

By including the wellness committee in these discussions and decisions, you are getting them to take responsibility for wellness and preparing them to address some more difficult issues that may require attention by other decision makers in the worksite. For example, smoking cessation programs may trigger worker concerns about airborne contaminants. The wellness committee may need to address these concerns when they are planning smoking cessation programs. Stress management is another example. Unfortunately, most stress management programs focus on how to adjust to stress and pay little attention to how to remove the causes of stress. But the wellness committee can work with the stress management instructors to plan a program that includes attention to stress-related issues at the worksite.

3. Organize Group Activities Focused on Health

Group activities can grab employees' attention and get them involved with each other and with health promotion. Encourage employees to choose activities that will work best for them.

Examples of group activities are:

- Informal buddy systems.
- Formal activities to develop mutual support.
- Special events that focus attention on a health issue.

Informally Organized Buddy Systems

Informal buddy systems occur when two or more friends who are trying to make health improvements "sponsor" each other as they try to break old habits and develop new ones. This practice helps create a supportive, friendly climate that encourages other workers to think about making their own changes. The wellness counselors assist in developing these buddy systems by encouraging the employees they counsel to find a coworker who is interested in improving his or her health. They need not be making the same change. The important thing is that they like each other and can support each other.

Formal Activities To Develop Mutual Support

Formal methods can also be used to develop these types of support. People who have already succeeded in making major health changes can organize formal events with coworkers who are trying to make similar changes.

For example: At one worksite employees who were ex-smokers adopted coworker friends who still smoked, encouraged them to quit, and helped them as they tried. To help get things started, ex-smokers wore buttons identifying themselves as successful quitters. The buttons, part of a formal stop-smoking campaign, were a way to involve large numbers of employees (ex-smokers) with very little effort by the wellness staff.

Special Events To Focus Attention on a Specific Aspect of Health

A major part of the planning done by the wellness committee is the planning of worksite-wide events. Special activities that involve the whole work force can help keep employees focused on improving their health. The wellness committee should consider sponsoring a special activity every 1 to 3 months, depending on how much planning and energy is required for the activity selected. You can plan a variety of activities, for example a media blitz, a smoke-out, and a contest.

A **media blitz** about health issues might be conducted in the fall and describe how to get through the November-December holiday season without gaining weight or raising one's cholesterol level.

Events such as **smoke-free days** include many activities dealing with a single health risk and take place within a short period of time. These events are based on the premise that even if you fail once or twice, the more you try to make a behavioral change (such as quitting smoking), the closer you come to succeeding. Smoke-outs encourage people to go "cold turkey" for a day—and longer, if possible—or to reduce the number of cigarettes they smoke. Immediate followup counseling with participants can encourage them to continue their efforts for longer periods. Special campaigns can be used for risks besides smoking. Weight loss or cholesterol reduction campaigns might be addressed in a similar way.

Health improvement **contests** are another type of special event. Those with many winners often create high interest. Units or locations can compete with each other, or the contests can be based on informal friendship groups. We have found walking contests to be particularly successful when they are organized so that everyone can participate and you give them incentives that keep them involved.

For example: One company set up a walking route throughout the worksite, but soon found that only a few employees were using it. To attract attention, members of the wellness committee and the wellness counselors organized a parade—with balloons, whistles, music, and so on. They marched through the plant, answering questions as they went. After that, they began a contest for three-person teams. This established a cooperative (as well as a competitive) situation in which team members supported each other in using the walking route. T-shirts were given to teams as incentives after they had walked a certain number of miles. This contest succeeded in involving many more employees—more than 10 percent of the plant population.[34]

Held during lunch hour or work breaks, walking contests encourage people to socialize and get exercise. They give them an energy boost for the afternoon. They also help people control their weight and have immediate benefits that encourage some people to make more changes.[34] Most important, a walking contest is a fitness activity that almost anyone is willing to try.

Think Long-term, Even for One-time Events

Competitions can be developed around virtually any health risk. The rules of the competition should be designed to foster long-term risk reduction. Weight loss competitions, for example, should be structured to encourage gradual, long-term weight loss rather than fast weight loss. This suggests a longer rather than a shorter competition time period, and perhaps a prize structure based on the number of people in the team who lose weight, rather than on the number of pounds each person loses.

Social Events Can Be Fun as Well as Effective

Worksite-wide events can provide opportunities for socializing as well as improving health. They can reinforce the benefits of one-to-one counseling and cut down on individual relapse.[2]

Box BB

Using Incentives

Many worksites offer incentives to encourage employees to reduce their health risks. The following are some examples:

- **Prizes.** A frequently used incentive is inexpensive prizes for individuals who make an effort to improve their health. Prizes include T-shirts that show the number of miles people walked in a walking contest, windshield scrapers for people who quit smoking for a day, and buttons that identify ex-smokers. Sometimes a more expensive prize (such as a company jacket, a camera, or a vacation trip) will be available from a drawing among people who have reached certain health goals. These larger prizes work best when inexpensive small prizes are also awarded to all successful participants.
- **Recognition from coworkers.** In some worksites groups of employees reward each other periodically for health improvements. They may hold a monthly party honoring individuals in their work group who have made health improvements. Often the attention that such rewards bring is a more important motivator than the dollar value of the reward. An incentive plan should reinforce the desired behavior change and make it fun for those who are trying to improve their health. Friendly competitions between self-selected teams can be an effective incentive, especially if more than one team can win.
- **Money.** Some worksites provide direct financial incentives to change health risk behaviors. Some return the participants' portion of the cost of health improvement classes if the person completes the program. Others negotiate with their insurance carrier for lower health insurance premiums for employees who do not have cardiovascular risks, and then return a portion of this savings to the employees. Some companies, whose employees pay a portion of their health insurance premiums, lower the cost to the employees who are without health risks.

Other incentive experiments have been even more dramatic. One school system arranged for its insurance carrier to accept employee insurance premiums twice a year, rather than monthly. They then used the interest that accrued on the monthly payments as an incentive pool. The pool was available for use by employees to help pay for their choice of health improvement efforts. This incentive plan would have returned a portion of later premium savings to employees, but rises in general health care costs wiped out the anticipated savings.

What works best? There is little evidence that financial incentive plans work better than public recognition to motivate health behavior changes. What is needed is a clear reward that directs attention to health improvements and makes achieving them attractive. Whether the value of the reward is primarily social or monetary seems to be less important. If financial incentives are used, they should be carefully considered prior to implementation to ensure that they do not discriminate against any groups of employees regarding the presence or absence of health risks.

These events should be planned after a good proportion of the employees have been contacted through one-to-one outreach. These contacts will identify employees interested in helping with special events. And, when events occur, many employees will recognize the program and be reminded of their own health goals.

4. Review Services and Policies To Help Change the Corporate Culture

The final step in the process of organizing the worksite for wellness is making changes at the organizational level. This involves helping the organization to review its services, policies, and the general social environment—often referred to as the "corporate culture." The corporate culture includes all the habits, routines, and conditions that characterize the workplace and work environment.

Examples of Changes

Here are some examples of the changes you might want to make in your worksite environment:

- Introduce low-fat, heart-healthy foods in the cafeteria and vending machines.
- Remove cigarette vending machines.
- Bring fitness facilities and wellness activities together.
- Establish a company smoking policy.
- Introduce incentives for health.
- Reduce worksite health and safety hazards by enforcing safety regulations, training employees to recognize unsafe situations, and improving safety practices.
- Introduce new management approaches and programs that reduce stress on individuals and groups.

While each of these examples involves employee health, in each case the wellness program itself probably does not have the authority or resources to take on the whole task. In changing the corporate culture, the wellness program staff can act in two ways. They can be consultants to the organization regarding issues that affect employee health and well-being. They can also act as catalysts to empower individual employees, work groups, or departments to take actions toward their goals.

In making changes in cafeteria menus and vending machine items, the program may need to work with dietitians and financial staff who handle revenue from those services. Changes in corporate policy are made at various levels, often outside the jurisdiction of the wellness program. However, the wellness program staff may recommend and encourage the implementation of health promotion policies in consultation with the appropriate individuals in management, labor, and their legal department. Below we discuss in more detail two examples of organizational review and change.

Turning Fitness Centers Into Wellness Centers

Wellness counselors can recruit more employees into walking contests and other simple forms of exercise than highly equipped exercise facilities can. Unless they provide methods for drawing in the average employee, fitness centers attract mostly people who would exercise on their own anyway. They may even have less impact on cardiovascular risks than exercise programs that do not rely on equipment.[17]

For example: Here are the results from two very different exercise programs: One worksite bought a couple of exercise bicycles and rowing machines, put in a walking path, and sponsored a walking contest—all at a cost of $1,300. A nearby plant invested $88,000 in a fitness facility. Staffing costs per employee were similar at the two sites. But employees at the plant with the complete fitness equipment and athletic trainers showed little improvement in blood pressure levels and had an overall weight gain. The plant that had the walking contest showed both lower blood pressure levels and moderate, lasting weight loss for most overweight employees in the plant. In addition, many more of its employees exercised regularly. About 45 percent exercised at least three times a week, compared with only 30 percent at the site with a fitness facility.[17]

On the other hand, a fitness facility can become a much greater resource when it is made part of a program that provides the outreach to bring people in and the followup to keep them involved. Fitness facilities are very popular with employees. They represent tangible evidence that the company cares, even when the employees don't use the facility much. When the staff of the fitness facility is properly trained in both the use of the equipment and counseling about the broad array of health risks, the fitness center becomes a wellness center. The true value of the facility can then be realized.

For example: A large corporation is considering combining the fitness centers at each of its locations with the Wellness Outreach at Work Program. Each wellness/fitness center would be staffed with at least one exercise physiologist and one registered nurse. All staff members would receive training in the proper use of the center's exercise equipment and in outreach and followup counseling for a variety of health risks.

Box CC

Staying on Track

As you begin working with various groups within your worksite, guard against taking on tasks that belong to others. The primary task of the wellness program is to help employees reduce their health risks and improve their health and well-being.

For example: During the first few months after screening at one large worksite, the wellness counselors began to receive invitations to attend a variety of management meetings and to sit on several committees. A review of their time logs showed that they spent more time in meetings than in counseling. In fact, the only clients they saw were "regulars" who showed up weekly. They were not reaching most of the people with health risks. As this became evident, they reviewed the meetings they had been attending and continued only with those that were essential. They set specific time lines for contacting clients with health risks, and made this their first priority. Finally, they reviewed these plans with the wellness committee to make sure the committee understood how the counselors were using their time.

For example: At a medium-sized worksite, the wellness coordinator was continually asked by his manager to take on a variety of small duties that no one else wanted to do. These included signing people up for vacation tours, handing out T-shirts, and decorating for holidays. The coordinator was unable to put together a coherent program because he was continually side-tracked by unrelated tasks. When we last spoke with him, the problem had not been resolved.

Running an effective wellness program requires balancing a variety of tasks. You cannot afford to let other people's work get in your way.

Reducing Worksite Health and Safety Hazards

The health risks addressed by worksite wellness programs are mostly risks that employees bring with them to the worksite (high blood pressure, cigarette smoking, etc.). But the worksite itself may pose health risks to employees. Most industrial worksites have health and safety programs that deal with these issues. The wellness program should not interfere with or attempt to take on those tasks.

But the wellness staff members will talk with large numbers of employees, so they may receive information that is of concern to the health and safety department (or other operating units such as the cafeteria, the medical department, and human services). It is important that the wellness staff work with these groups so they can share information without overstepping boundaries.

If your workplace does not have an office or person responsible for health and safety, the wellness committee can

promote discussion about the work environment, its effect on the health and safety of employees, and the ways in which it can be improved. This is especially important if employees believe that there are health and safety hazards in the environment that are not being properly addressed. It may be hard for them to believe the company's offer of wellness when they see health hazards ignored.

The wellness program can provide a forum for raising these issues, and it can encourage employees to voice their concerns through appropriate channels. The wellness program should not accept responsibility for dealing with workplace health and safety issues. Identifying and addressing environmental hazards requires a different set of skills and expertise than those described in this manual. The tasks of each program should be clearly defined.

III. Measuring Your Program's Results

Most of the information you need to evaluate your program is collected routinely as part of screening and followup. Therefore, once you have started followup counseling, you can begin to evaluate your program's results. One record-keeping system can meet your needs for both caseload management and program evaluation. This chapter discusses how to monitor your program, recognize its successes, and justify its costs.

1. Find Out If Your Procedures Work

To find out whether your program is operating the way you planned it, look at the procedures you set up at the beginning of your program, including:

- How to get people to the screening.
- How to complete the screening form.
- How to measure blood pressure and cholesterol accurately.
- How to talk about screening results.
- How to follow up with employees.
- How to contact employees' doctors.
- How to guide employees through the self-help option.

Box DD

A Program is Successful When...

The wellness screening reaches a majority of employees. The Wellness Outreach at Work Program regularly gets at least two-thirds of the employees to participate. Participation rates are often over 90 percent at smaller worksites.

At least half of the employees with health risks try to reduce their risks. About 10 to 15 percent of the employees at most worksites are already aware of health issues in their lives and are working on them.[35] So, to make an impact, the program has to reach beyond this easy-to-attract group.

Employees improve their blood pressure and cholesterol control, lose weight, reduce their smoking, and exercise more. The program can achieve significant improvements in all of these areas.

It reduces relapse. Helping employees keep the health gains they have made requires continuing, systematic followup.

It creates a team spirit for health improvement. Wellness programs improve the general morale at a worksite.[10] Often when people feel healthier, you don't need surveys or other measurements to tell you a program is having an impact. You can see it happening.

- How to develop health improvement programs.

You will want to examine these procedures in terms of both quality control and the level of participation they produce.

Quality Control: How Well Are You Doing?

Is your program meeting the standards you set for it when you first designed it? The answers come through evaluation. It is most important to know if the staff maintains "quality control" in these areas: health risk testing and measurement, counseling clients, and managing information.

Health risk testing and measurement. All of your professional wellness staff who take risk measurements such as blood pressure, cholesterol, and fitness must be trained to follow detailed guidelines for taking these measurements. A supervisor or another instructor should review staff performance on a regular basis.

There are two types of errors in testing. One type is operator error, which occurs when program staff use improper techniques. The other type is machine error, which is caused by poorly maintained or poorly calibrated equipment. Quality control must include both a review of operator technique and regular machine testing and maintenance.

Measurement of blood pressure, cholesterol, and fitness (and other wellness tests you may decide to make) are complex. Guidelines from expert sources such as the National Heart, Lung, and Blood Institute and the American Heart Association may help you. (See resources in appendix A.)

Counseling clients. The way your staff members counsel employees can vary. You will want to be sure that each counselor gives out accurate information and uses the right approach. And you will want to help counselors be as effective as they can be when employees decide to make health improvements. There are two sources of help in assessing the quality of counseling:

1. *Onsite program staff.* The people who supervise your staff of screeners, instructors, and counselors must be sure that each staff member is conducting all technical, educational, and counseling procedures in the correct way. This can be done through training, onsite observations, staff meetings, and reviews of records.
2. *Wellness committee members.* The wellness committee members who are present at training seminars for the professional staff should be familiar with what staff members are expected to do. They should also know when staff members stray from the guidelines. Finally, employees may talk to wellness committee members,

rather than to the professional staff, when they have concerns about what the professional staff members are doing.

Managing information. Your entire program depends on collecting and using good information. You should make sure your information management system meets your needs. Remember that the accuracy of the information you put into the system will determine the value of its output.

2. Assess Employee Participation

You also need to know how you are attracting employees into the many parts of the program. This is called "process evaluation," because participation is a process—the desired outcome is risk reduction. Process evaluation uses information from the forms that are filled out during each step of the program. At screening you will use several forms, including:

- Multiple CVD Risk Factor Screening Form (figure 4)
- Signup Sheet for Health Improvement Programs (figure 7)
- Consent Form (figure 3).

You will get more information when the employee's physician sends back the:

- Followup Form for Physicians (figure 13)

and when the counselor fills out the:

- Followup Record (figure 10) each time the employee is contacted
- Forms to record participation in health improvement programs, such as the Weight Management Data Form (figure 17).

Once you have gathered these completed forms together, you will see how many employees have taken part in your program. The forms will answer these questions:

- How many employees were screened?
- How many employees who were referred to a doctor actually went?
- How many employees who went to the doctor were put on treatment?
- How many employees who expressed interest in health improvement programs actually went?
- How many employees who were referred to health improvement programs actually went?
- How many employees who went to health improvement programs completed them?

3. Measure Employees' Progress in Reducing Risks

So far, we have discussed the information you need to evaluate your program's operation. This information tells you whether the guidelines you and the staff laid out are being followed and are producing the levels of participation you expected. In other words, you can use this process evaluation to learn about the health of your program. But the program's

Box EE

Using a Computer To Evaluate Your Program

For very small worksites, it is possible to keep program records and evaluate your program using a paper-based system. But now even the smallest program can benefit from the speed and efficiency of a low-cost personal computer and the right software. A computer allows you to measure the successes of your program more often and more accurately than a paper-based system does.

A computerized record-keeping system makes it easier to keep track of how the staff members are doing their work. For example, it allows you to:

- Identify where information is missing or incomplete.
- Compare blood pressure and cholesterol measurements taken by various screeners. This will help you find errors in technique, such as "terminal digit preference." In this common error, the person taking the blood pressure measurement often rounds off the last digits of both numbers to 0 or 5.
- Compare participation rates across different departments or other units. This will help the staff plan ways to get more employees involved in the program.
- Count how many mailings, phone calls, and visits the staff members make each month. This will help you see how well staff time is being used.

Creating Reports on Process Evaluation. A personal computer with the right software can gather information to answer the above questions easily and quickly. The software can create a screening report as shown in figure 15 and a followup report as shown in figure 16.

Process evaluation measures are shown in sections A, B, C, and D of figure 15, which provides information on participation in screening.

Figure 16 shows followup results 1 year after screening. Process evaluation measures are shown in section A, lines 1-3; section B, lines 1-4; section C, lines 1-2; section D, lines 1-2; and section E, line 1. This report also shows levels of participation in risk reduction efforts.

Creating Reports on Outcome Evaluation. Figures 15 and 16 show information on program outcomes as well. In figure 15, section E shows the outcome of screening in terms of the numbers of risks identified. Figure 16 shows the extent to which each of the health risks was reduced in section A, lines 4-5; section B, lines 5-6; section C, line 3; section D, lines 3-4; and section E, line 2.

Figure 15
Sample Screening Report

	Number Screened	Participation of Target Group, %
A. Overall Participation	466	75
B. Participation by Job Group		
Upper management	10	54
Middle management	31	42
Clerical	47	85
Sales	16	15
Production and maintenance	362	75
C. Participation by Age		
40 years or older	249	81
Under 40 years	217	60
D. Participation by Job Location		
Department A	26	83
Department B	94	76
Department C	7	87
Department D	15	94
Department E	120	62
Department F	49	40
Department G	104	79
Department H	51	42
E. Risks Identified		
High blood pressure (≥140/90 mm Hg or on treatment)	154	33
High blood cholesterol (≥240 mg/dL)	139	30
Borderline-high cholesterol (200-239 mg/dL)	122	26
Cigarette smoker	112	24
20% or more overweight	98	21
One or more of the above risks	402	86

goal is to improve the health of your clients. You need other information to judge how well your program is meeting this goal. This is called "outcome evaluation" because you are evaluating the end results, or outcome, of your program.

In wellness programs, goals are measured by specific behavior changes and reductions in health risk levels. Have employees lowered their blood pressure? Have they lost weight? Are they exercising more? Here are some examples of questions you can ask to find out if you are reaching your goals:

- For employees with high blood pressure (140/90 mm Hg or higher or on medication) at screening, what percentage have it under good control (below 140/90 mm Hg) a year later? What is the change in average blood pressure levels among all employees with high blood pressure 1 year after screening? Two years later?
- For employees with high blood cholesterol levels (above 240 mg/dL) at screening, what percentage have reduced their cholesterol to borderline-high levels (200 to

Figure 16
Sample 1-Year Followup Report

	At Screening	At Followup, 1 Year Later
A. Of 154 Employees With High Blood Pressure...		
1. Were successfully followed	—	93%
2. Saw their physician	—	75%
3. Were under physician's treatment	45%	68%
4. Had blood pressures below 140/90 mmHg	18%	40%
5. Had an average blood pressure of	148/99	134/86
B. Of 139 Employees With High Blood Cholesterol...		
1. Were successfully followed	—	83%
2. Saw their physician	—	60%
3. Were under physician's treatment	12%	42%
4. Were on a diet, without physician's help	—	27%
5. Had cholesterol levels below 240 mg/dL	—	25%
6. Had an average cholesterol level of	268	248
C. Of 112 Employees Who Smoked Cigarettes...		
1. Were successfully followed	—	65%
2. Began a smoking cessation program	—	26%
3. Are no longer smoking	—	17%
D. Of 98 Employees Who Were 20% or More Overweight...		
1. Were successfully followed	—	82%
2. Began a weight loss program	—	18%
3. Lost at least 5 lb since screening	—	15%
4. Average pounds lost since screening	—	2.7
E. Of 335 Employees Who Exercised Fewer Than Three Times a Week...		
1. Were successfully followed	—	76%
2. Are now exercising at least three times a week	—	31%

239 mg/dL)? For employees with borderline-high blood cholesterol levels, what percentage have reduced their cholesterol to the desirable range (below 200 mg/dL)? What is the change in average cholesterol levels among all employees with high and borderline-high blood cholesterol levels 1 year after screening? Two years later?

- For employees who were overweight at screening, what percentage have lost 10 pounds or more a year later? Five pounds or more? What is the average weight loss?
- For employees who were smokers at screening, what percentage have quit smoking? For at least a year? For employees who were ex-smokers at screening, what percentage have continued to abstain for at least another year?
- For all employees, what percentage are exercising at least three times a week for at least 20 minutes? If fitness levels were measured, what percentage show improved fitness?

Figure 17
Weight Management Data Form

1. ID Number ☐☐☐☐☐☐
2. Location: _____ ☐☐☐☐
3. Provider: _____ ☐☐☐☐☐
4. Program Title: _____ ☐☐☐☐☐

5. Date of Program Registration: ☐☐ ☐☐ ☐☐ (Month Day Year)
6. Instructor: _____ ☐☐☐
7. Number of Classes/Groups: ☐☐
8. Number of Sessions per Group: ☐☐
9. Number of Participants: ☐☐☐

Followup Key:
C = Contact made
R = Refused
N = Not located
D = Died

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Menu	Participant's Name Last	First	ID Number	Height	Initial Weight	Number of Sessions Attended	Weight at Program Conclusion	Date of 6-Month Followup	Weight at 6 Months	Date of 1 Year Followup	Weight After 1 Year
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb
F M S				___ft ___in	___lb		___lb		☐C ☐R ☐N ☐D ___lb		☐C ☐R ☐N ☐D ___lb

Menu Key:
F = Full group
M = Mini group
S = Guided self-help

Set a regular time, such as every 6 months, to look at which employees your program is reaching and how effective it is at helping them reduce their health risks. Use this information to make new decisions about how to direct your program efforts. Then make the changes you need to improve your program and meet those goals.

4. Figure Your Costs and Cost-Effectiveness

The Wellness Outreach at Work Program cost about $100 for each employee at the worksite in 1991. Although you may use this figure as a general guide, you may need to make some adjustments when you figure your costs because of differences in:

- Local salary rates and other costs
- How often screening is provided to all employees
- The percentage of employees who are routinely followed up and counseled.

The size of the work force will not affect the per employee cost very much. This is because most of the costs are for direct services to clients. Therefore, if the number of clients in the program doubles, the cost of the program will double, too. Figure 18 shows a breakdown of the $100 estimate; it assumes screening is conducted once every 5 years.

The costs for people in health improvement programs are also shown in figure 18. The average cost of the menu approach to these programs is $80, with most participants opting for guided self-help. The estimates in figure 18 are based on an assumption that 20 percent of the employees will participate in a health improvement program each year.

Box FF

Threats to Your Programs

A number of developments can threaten an existing wellness program. Key company or union people, for example, might withdraw their support. Or you may find that a group within the worksite is using the program for its own ends.

The program should provide service equally to all employees and not appear to be aligned with any specific group. If the program can maintain several sources of support, you are in a better position to rally help when the program is threatened.

Evaluation reports can be very important in maintaining this support. When you can demonstrate that your services are helping to keep employees healthy, it is difficult for people to argue against you.

Cost-effectiveness

You may want to know how much you are spending to operate your program and compare that amount to the extent that your employees' health risks are reduced. This is called figuring the cost-effectiveness. You may need outside technical assistance to perform this analysis. For more information contact a university or college with faculty specializing in economics, public policy analysis, business, or public health.

Box GG

Figuring Costs and Benefits

At some point you may want to look at how successful your program is in reducing absenteeism and health benefit claims. This process is not as easy as routine evaluation because you need to make assumptions about how much of the change in absenteeism or benefit claims is due to your program and how much is due to other factors. This is why we suggest that you get professional help. To do a cost-benefit evaluation, you must first compute the benefit (that is, the cost savings). Then you compare the cost of running your program with the benefits (or cost savings) it produces.

There are several studies of worksite wellness programs that show cost savings from improved health through lowered health care claims. For example, a store workers' union in New York City estimated that it saved $20,500 a year with a high blood pressure program.[19] This estimate was based on a reduction in the number of hospitalizations and deaths.[36] Another worksite blood pressure control program among manufacturing workers in the Midwest showed that for each dollar spent, $2 to $3 was returned to the company in reduced health care claims.[37]

Comprehensive wellness programs cost more than blood pressure control programs because they target most of the employees, not only those with high blood pressure. Even so, the more comprehensive programs with multiple, ongoing program components show good savings from reduced health care claims. One program for insurance company employees showed a return of about $1.45 for every dollar spent.[21] Another program showed an annual return on investment of 30 percent.[10] In general, studies have shown reductions in expected health care claims ranging from 24 to 35 percent among the employees participating in the program compared with those who did not participate.[21,22,37] Others have shown reductions in absenteeism that produced a savings of $2.05 for every dollar invested.[23] Total savings from a comprehensive wellness program that reaches most employees can be much higher than the savings from single-risk programs, which may address only a few employees.

Figure 18
Cost Estimates, Per Year (Based on 5 Years)

	Per Participant	Per Employee
Screening	$ 7	$ 7
▪ Computerized health risk appraisal sent to all employees		
▪ Conducted once every 5 years (total cost is $36)		
Followup	60	60
▪ Two contacts per employee per year		
Health Improvement Programs	80	16
Weighted average cost based on 20% employee participation		
Total Direct Costs	147	83
Administrative Costs (22% of Direct Costs)	32	18
TOTAL COSTS	$ 179	$101

Health Improvement Programs

	Cost per Program
▪ Minigroup Sessions	$145-155
▪ Full Group Classes	90-100
▪ Guided Self-Help	55-65
▪ Multiple-Risk, Guided Self-Help	110-275
Weighted Average Cost	**$80**

Evaluation Is Not a Frill

People sometimes look upon evaluation as a frill, a luxury for programs with extra money. And in some cases where the evaluation systems are cumbersome and complex, evaluation may not be worth the effort. But this is not true for the Wellness Outreach at Work Program. Evaluation is built into the program, and with the help of a personal computer, it is a waste of resources *not* to evaluate. You may discover, for example, that one of your programs is twice as successful as another at getting people to lose weight. You will want to have that kind of information and so will the people in your organization who fund your program. You will need to update these decision makers with each year's evaluation results to maintain and expand your program.

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Appendix A: Resources

Materials Used by the Wellness Outreach at Work Program

The following are short descriptions of the protocols and other materials used in the Wellness Outreach at Work Program. To obtain these resources, contact the organizations listed below them.

Caseload Management System. This is a package of software for managing a client caseload and evaluating a cardiovascular disease risk reduction program with an IBM-compatible personal computer. The software stores initial screening data and lets you input followup information as well as new screening forms. It identifies the people with health risks and produces followup instructions, letters, and mailing labels. It also produces statistical reports of the results of both screening and followup. 1991. Demonstration version with manual available for $50; manual only, $25. Complete package: single-computer version, $3,000; network version $5,000. Training is also available.

Personalized Health Risk Appraisal Report. This is a nontechnical report on the results of a wellness screening for an individual. It is based on the Centers for Disease Control and Prevention health risk appraisal (HRA) computer scoring. It is easy to read and interpret. It avoids the use of statistics and instead describes each of the major risk factors and gives the individual specific recommendations. 1991. 20 pages. $7 to $10, depending on size of the work force; can be customized to include information about a specific organization. Sample report is available for $5.

Order the above resources from:

Information Transfer Systems
209 East Washington, Suite 200
Ann Arbor, MI 48104
(313) 994-0003; Fax (313) 994-1128
Contact: Bruce M. Brock, Ph.D., M.P.H.

Comprehensive Health and Fitness Manual. This manual explains how to design and implement a worksite health and fitness program that will reduce the risks of cardiovascular disease. The manual describes training protocols, guided self-help and one-to-one counseling techniques, incentives, evaluation, and how to "health-proof" a worksite. The program model has been field tested and can be implemented in small to large worksites. 1991. 27 pages. $16; discount available on bulk orders.

Order the above resource from:

Holtyn & Associates
719 Turwill Lane
Kalamazoo, MI 49007
(616) 382-5898
Contacts: Kenneth Holtyn, M.S., Julia Holtyn, M.S.

Guided Self-Help Protocols. These protocols are used by wellness counselors to help clients reduce their cardiovascular disease risks. The package includes protocols for these risk factor programs: blood pressure control, cholesterol control, weight loss and control, smoking cessation, physical exercise and fitness, and stress management, in addition to those with several risks. These programs are for employees who want to make lifestyle changes on their own, without formal instruction. 1991. 20 pages. $20.

Organizing the Worksite for Health Promotion. This manual helps wellness staff and employees change the corporate culture to be more supportive of health. It explains how to organize the worksite to promote company-wide wellness activities, develop buddy systems for joint risk reduction activities, and work with key groups and individuals to change worksite policies and procedures. 1992. 30 pages. $20.

Outlines for Formal Minigroup and One-to-One Interventions. These outlines for weight loss and cigarette smoking interventions will help wellness instructors adapt formal class materials to minigroup and one-to-one instruction. These programs are for employees who want formal help from a small group or instructor to lose weight or quit smoking. 1986. 8 pages. $15.

Planning, Training, and Screening Materials. This package of protocols and training materials will help wellness providers plan and conduct wellness screenings at the worksite for cardiovascular disease risk factors. The materials include camera-ready copy of forms used in screening, educational messages used by screeners, a sample agenda for screener training, administrative materials for keeping track of screener time, blood pressure and cholesterol measurement procedures, operating and quality control procedures for blood analyzers, training exercises and competency tests for screeners, and check lists for planning the program. 1987-1991. 25 pages. $20.

Wellness Followup Counseling Materials. This package of materials helps wellness providers do routine outreach and followup counseling of employees with health risks. It includes camera-ready copy of followup and monitoring forms, educational messages used by counselors, administrative materials for keeping track of counselor time, and engagement strategies. 1987-1991. 25 pages. $20.

Order the above resources from:

Worker Health Program
Institute of Labor and Industrial Relations
University of Michigan
1111 East Catherine
Ann Arbor, MI 48109-2054
(313) 763-1187
Contacts: Andrea Foote, Ph.D., Max A. Heirich, Ph.D., Susan Wineberg, M.A.

HealthyLife for Women. This is a program for female employees on the following topics: nutrition, weight control, stress, physical fitness, substance abuse, and life stages. The materials are available as a prepackaged program or a guided, self-help kit. 1986. 46-page workbook. $7.45/program; $4.45/program in sets of 100.

HealthyLife on Fitness. A step-by-step format teaches employees how to begin an exercise program or improve on their present activities. The materials are available as a prepackaged program or a guided, self-help kit. 1987. 54 pages. $7.45/program; $4.45/program in sets of 100.

HealthyLife on Nutrition. This program presents information on a variety of nutrition topics, including cholesterol, salt, sugar, fiber, food labels, and heart health. The materials are available as a prepackaged program or a guided, self-help kit. 1988. 64 pages. $7.45/program; $4.45/program in sets of 100.

Promotional Packet. This packet includes materials for promoting all aspects of a comprehensive heart health program, such as pamphlets, posters, handouts, and table tents. The materials cover blood pressure, nutrition, weight loss, quitting smoking, physical fitness, and stress management. 1988. Contact the producer for cost information.

Smokeless. This program uses a positive, skill-oriented approach to breaking the smoking habit. Hundreds of methods of changing behavior are presented over 5 consecutive days to help smokers quit smoking and maintain nonsmoking behavior. Participants also receive unlimited access to a toll-free counseling hotline. These materials are available as a prepackaged program or a guided, self-help kit. 1992. Materials include eight booklets and a 45-minute audiotape. 1992. $59/program; $39/program in sets of 100.

Systematic Stress Management. This program uses a twofold approach to the problem of stress. It teaches employees how to eliminate stress by changing their perceptions and attitudes about stressful experiences. It also shows them how to cope with situations they cannot control by using relaxation techniques. The modular materials can be individualized to meet the needs of diverse employee groups. Participants also receive unlimited access to a toll-free counseling hotline. There are two versions of this program—a prepackaged program and a guided self-help kit. 1990. $19.95/10 booklets; $9.95/45-minute audiotape; quantity discounts available.

Weight No More. This lifestyle approach to weight loss uses education, stress management, nutrition awareness, behavior and attitude change, and negative eating techniques. It includes an intensive program of training and an eating plan developed by the American Dietetic Association. These materials are available as a prepackaged program or a guided, self-help kit. 1990. Materials include seven booklets and a 55-minute audiotape. $59/program; $39/program in sets of 100.

Order the above resources from:

American Institute for Preventive Medicine
30445 Northwestern Highway, Suite 350
Farmington Hills, MI 48334
(313) 539-1800
Contact: Donald R. Powell, Ph.D.

National Information Centers

National Heart, Lung, and Blood Institute Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
(301) 251-1222

The National Heart, Lung, and Blood Institute (NHLBI) Information Center is the source of a wide variety of information and materials on high blood pressure, high blood cholesterol, smoking, obesity, nutrition, and general heart health. The information center offers materials for planning wellness programs aimed at employees and their families.

Materials for planning worksite wellness programs include *Finding Resources for Healthy Heart Programs at Work, Make Workplace Wellness Programs Work for Your Company,* and *Workplace Facts on Heart Disease and Stroke.*

Other materials include those developed for health professionals, such as guidelines for the detection and evaluation of high blood pressure and cholesterol. NHLBI also has numerous brochures, booklets, and posters for employees and their families. A kit, designed to help carry out awareness activities in communities, includes many short, reproducible handouts on high blood pressure, cholesterol, and smoking.

The information center publishes the newsletter *HeartMemo*, which contains information on NHLBI activities and resources relating to cardiovascular risk reduction. Most materials are available in limited quantities and are free. *Life in the Health Lane: A Directory of Resources from the National Heart, Lung, and Blood Institute* lists all the resources available from the NHLBI for health professionals, program planners, and consumers.

National Resource Center on Worksite Health Promotion
Washington Business Group on Health
777 North Capitol Street, NE, Suite 800
Washington, DC 20002
(202) 408-9320

This resource center provides employees with information on worksite health promotion programs currently in place in U.S. corporations and other worksites. The information is in a database that includes data on worksite health promotion programs, evaluation, research, and supporting organizations.

The resource center also gathers experts to discuss emerging issues in worksite health promotion and publishes materials on topics such as small business and health promotion, cost savings from worksite programs, and integration of health promotion with employee benefits. Publications include *Healthy People 2000 at Work: Strategies for Employers, Directory of Worksite Health Promotion Resources,* and *Directory of State Health Promotion Resources for Employers.* Call for a publications order form.

ODPHP National Health Information Center
P.O. Box 1133
Washington, DC 20013-1133
(800) 336-4797
(301) 565-4167

The ODPHP (Office of Disease Prevention and Health Promotion) National Health Information Center offers information and referral services on all health-related topics. Most inquiries concern the availability of publications and referrals to other organizations. When possible, the center directly answers inquiries from health professionals and the general public. Otherwise, callers are referred to other special Federal information centers and private organizations.

The DIRLINE, maintained by the center, is a database of 1,200 health-related organizations with descriptions of their publications and services. The center produces Healthfinders, a series of publications on a variety of topics, including a directory of Federal health information resources, a list of toll-free numbers for health information, and a list of national health observances.

Voluntary Health Agencies

The Wellness Outreach at Work Program has used materials developed by the American Heart Association, American Lung Association, American Cancer Society, American Dietetic Association, and the Michigan Dairy Council. These voluntary health agencies may offer additional kinds of help at the local level—with programs, training, professional advice, and technical assistance.

American Cancer Society
National Office
1599 Clifton Road, NE
Atlanta, GA 30329
(800) ACS-2345

The American Cancer Society (ACS) offers materials and programs on quitting smoking, such as *A Decision Maker's Guide to Reducing Smoking at the Worksite* and the Fresh Start quit-smoking program. Fresh Start helps groups to stop smoking. It consists of four, 1-hour sessions that are held during a 2-week period. Each November the ACS asks everyone to stop using tobacco for 24 hours during the Great American Smokeout. A kit of materials for the smokeout includes ideas from other companies, promotional tips, fact sheets, quit tips, and camera-ready art for in-house production of logos and payroll stuffers.

The ACS also offers the cancer response system at (800) ACS-2345 to answer questions from the public about cancer. Unless large quantities are needed, the ACS provides all programs and materials free of charge. Contact your local American Cancer Society.

American Dietetic Association
216 West Jackson Boulevard, Suite 800
Chicago, IL 60606-6995
(312) 899-0040

The American Dietetic Association (ADA) offers publications on food and good nutrition for worksite program planners, health professionals, and employees and their

families. ADA consumer brochures on nutrition include *Food Strategies for Men; Healthful Eating All Around Town; The New Cholesterol Countdown;* and the self-study kit *Diet, Exercise, and Coronary Disease.*

Sample titles for professionals include *Nutrition at the Worksite, Worksite Nutrition: A Decision-Maker's Guide,* and *Under 200 Club Program* for food service directors. Ask for the *ADA Catalog of Products and Services* for the current year to learn about all ADA offerings. You don't have to be a member of ADA to purchase these materials.

The ADA also sponsors National Nutrition Month in March and a Nutrition InfoCenter. Employees and their families can get answers to their nutrition questions by calling the ADA toll-free consumer hotline. To reach a registered dietitian in person, dial (800) 366-1655 Mondays through Fridays from 10 a.m. to 5 p.m. (e.s.t.). Taped messages about nutrition are available 24 hours a day.

Dietitians sometimes work as consultants in developing worksite nutrition programs. These consultants, available in all States, have expertise in worksite healthy heart programs. Contact the division of practice of the American Dietetic Association at (312) 899-0040, ext. 4815, for a list of consultant dietitians in your State. In addition, officers in State ADA affiliates can help identify local dietitians who will accept employees for nutrition counseling. Local nutrition councils may also offer classes or have nutrition hotlines staffed by dietitians. State and local dietetic associations also provide technical assistance and speakers to outside groups.

American Heart Association
National Center
7320 Greenville Avenue
Dallas, TX 75231
(214) 373-6300

Local American Heart Associations conduct screenings and other activities that educate the public, patients, and professionals about preventing heart disease and stroke. Many offices have displays and exhibits available as well as staff and volunteers who can offer technical assistance, speakers, training, and referrals. They also develop print and audiovisual materials and other worksite education programs. Materials include catalogs, fact sheets, brochures, and audiovisuals on all the cardiovascular risk areas—including high blood pressure, high blood cholesterol, smoking, overweight, exercise, and diet and nutrition. Materials and programs include the Risk Factor Prediction Kit, Culinary Hearts Kitchen Course, Heart Rx Patient Health Education Program, and Heart At Work.

The Heart At Work program is designed to help employees reduce their risk of developing cardiovascular disease. The program package includes step-by-step guides to planning, conducting, and evaluating programs in five topic areas: nutrition and weight control, exercise, quitting smoking, blood pressure control, and emergency action. Worksites that want to conduct the Heart At Work program in one local area should contact their local American Heart Association. Worksites that want to conduct the program nationally should contact the corporate health account executive at the national center of the American Heart Association in Texas. Contact your local American Heart Association for publications and information.

American Lung Association
1740 Broadway
New York, NY 10019
(212) 315-8700

The American Lung Association (ALA) offers materials and programs on such topics as quitting smoking, occupational health, lung diseases, and air conservation. The ALA offers a catalog of all its publications. Some of these include *On the Air: A Guide to Promoting a Smoke-Free Workplace, Team Up for Freedom From Smoking, Freedom From Smoking for You and Your Family, Stop Smoking: Stay Trim,* and *Helping Smokers Get Ready to Quit.* Fees are determined by local affiliates. Contact your local ALA unit or the national office to find one near you.

Appendix B: High Blood Pressure

Recommendations for Followup
Based on Initial Set of Blood Pressure Measurements*

Initial Screening Blood Pressure (mm Hg)†		
Systolic	Diastolic	Followup Recommended††
<130	<85	Recheck in 2 years
130-139	85-89	Recheck in 1 year§
140-159	90-99	Confirm within 2 months
160-179	100-109	Evaluate or refer to source of care within 1 month
180-209	110-119	Evaluate or refer to source of care within 1 week
≥210	≥120	Evaluate or refer to source of care immediately

* Adults age 18 or older.

† If the systolic and diastolic categories are different, follow recommendation for the shorter time followup (e.g., 160/85 mm Hg should be evaluated or referred to source of care within 1 month).

†† The scheduling of followup should be modified by reliable information about past blood pressure measurements, other cardiovascular risk factors, or target-organ disease.

§ Consider providing advice about lifestyle modifications.

Source: Joint National Committee. The Fifth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure. Archives of Internal Medicine January 25, 1993.

Appendix C: High Blood Cholesterol

Initial Classification Based on Total Cholesterol and HDL-Cholesterol

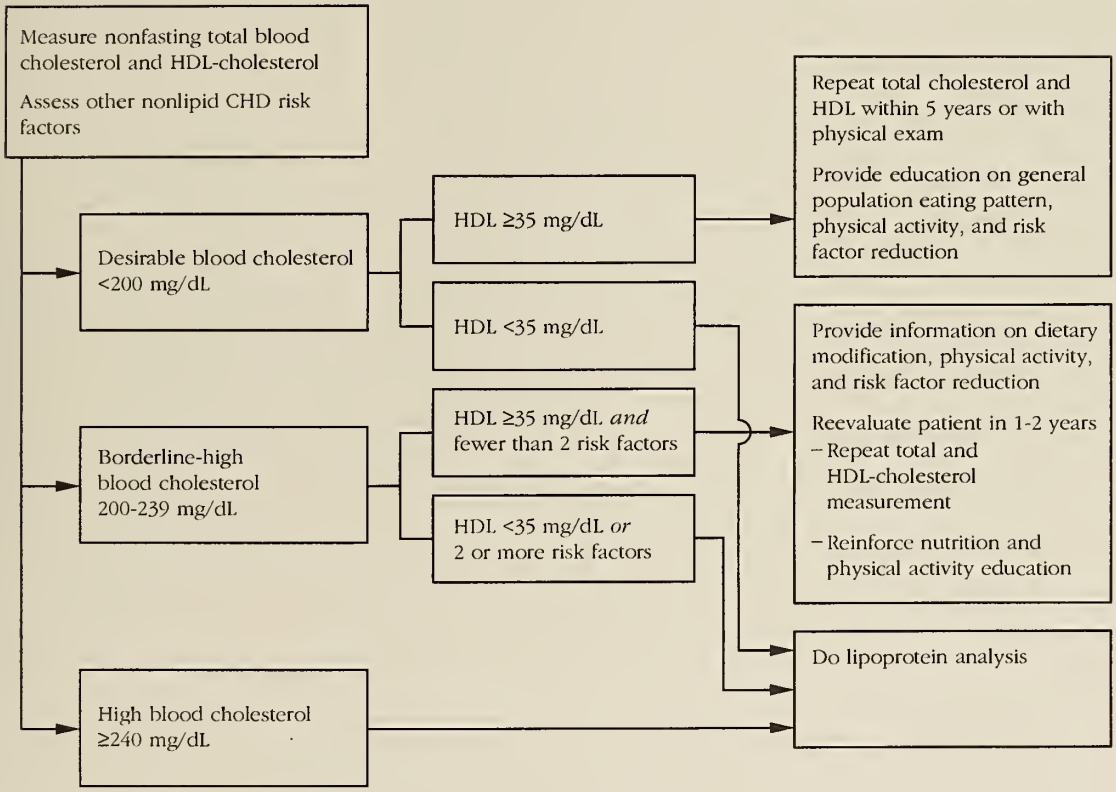
Total Cholesterol

<200 mg/dL	Desirable blood cholesterol
200-239 mg/dL	Borderline-high blood cholesterol
≥240 mg/dL	High blood cholesterol

HDL-Cholesterol

<35 mg/dL	Low HDL-cholesterol

Primary Prevention in Adults Without Evidence of CHD:
Initial Classification Based on Total Cholesterol and HDL-Cholesterol



CHD Risk Factors

Positive
- Age: Male ≥45 years
  Female ≥55 years or premature menopause without estrogen replacement therapy
- Family history of premature CHD
- Smoking
- Hypertension
- HDL-cholesterol <35 mg/dL
- Diabetes

Negative
- HDL-cholesterol ≥60 mg/dL

Source: National Cholesterol Education Program. Second Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. National Heart, Lung, and Blood Institute. NIH Publication No. 93-3095. September 1993.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health
National Heart, Lung, and Blood Institute

NIH Publication No. 95-3043
August 1995